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# BULLETIN

*School of Medicine*  
*University of Maryland*



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# BULLETIN *School of Medicine* *University of Maryland*

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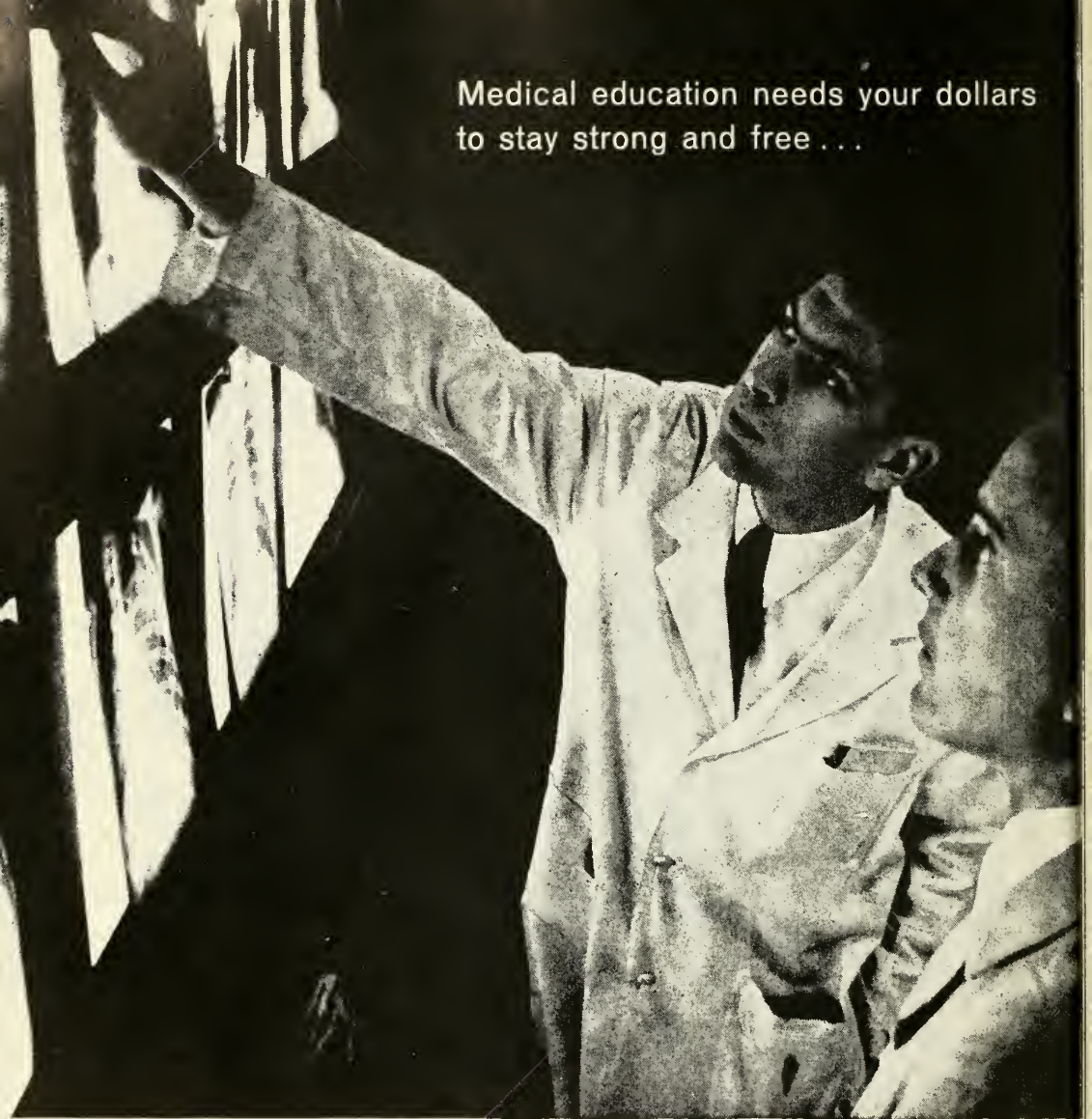
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VOLUME 55 JANUARY, 1970 NUMBER 1

Type and Duration of Symptoms  
in the Five Stages of Carcinoma  
of the Uterine Cervix

A Ten Year Survey

UMBERTO VILLASANTA, M.D. and ARNOLD M. HERSKOVIC, B.S.

In order to obtain new information, if any, on the natural course of carcinoma of the uterine cervix, a study was designed to correlate the stage of the disease with the patient's survival, age, race, parity, chief complaint, and symptoms related to various systems.

Material and Method

The charts of all patients admitted to the Gynecologic-Oncologic Clinic of the University of Maryland Hospital with a diagnosis of carcinoma of the cervix during the years 1948 to 1957 inclusive were reviewed. All cases studied had primary carcinoma of the uterine cervix, not previously treated, and were staged according to the International Classification proposed by the International Federation of Gynecology and Obstetrics in 1951.<sup>1</sup>

The information derived from the charts was grouped into the following categories: stage of disease, survival, age, race, parity, chief complaint and duration, gynecological, urinary, gastrointestinal

and cardiovascular symptoms and their duration. The data were then subjected to statistical analysis by a computer for evaluation of significance and variance of the results obtained.<sup>3</sup>

Table 1: Carcinoma of the Cervix 1948-1957

Stage	Number	Percentage
0	34	9.2
I	111	30.3
II	87	23.8
III	120	32.6
IV	15	4.1
Total	367	100.0

Three hundred and sixty-seven patients (Table 1) were studied. Of these, only 358 were treated: 2 patients each in Stage 0 and IV and 5 patients in Stage III refused treatment.

Table 2: Carcinoma of the Cervix 1948-1957

Stage	Number Treated	Survival			
		5 year		10 year	
		Alive	Percent	Alive	Percent
0	32	27	84.4	22	68.8
I	111	72	64.9	51	45.9
II	87	39	44.8	30	34.5
III	115	20	17.4	15	13.0
IV	13	0	0.0	0	0.0
P < .001					

From the Department of Obstetrics and Gynecology, The University of Maryland School of Medicine, Baltimore, Maryland.

## Results

The 5 and 10 year survival (uncorrected for death not related to the original malignancy) for the various stages are shown in Table 2. The differences are highly significant,  $P < .001$ . A considerable drop in percentages from 5 to 10 years is due to a large number of patients lost to follow up. Only 3 patients in Stage 0, 8 in Stage I, 4 in Stage II, 4 in Stage III and none in Stage IV died of *all* causes between the sixth and tenth year after treatment.

The average age of patients demonstrates a direct proportion between age and stage of cervical carcinoma (Table 3) and the variations are highly significant, F ratio 9.1366. It can be speculated that either: 1) cervical cancer progresses from Stage 0 to IV, the progression lasting about 15 years; or 2) the disease is more fulminant in the older population; or 3) the disease may be silent in its earlier

Table 3: Carcinoma of the Cervix 1948-1957

Stage	Average Age
0	36.2
I	43.4
II	46.6
III	49.7
IV	51.1
F Ratio 9.1366	

form. These results are consistent with the findings of others who describe a ten year difference between the intraepithelial and invasive form of the disease.<sup>2</sup>

Table 4 shows that almost 60% of the patients treated at the clinic were non-white. This reflects the type of population seen at this hospital. There was a slight rise in the number of nonwhite patients in Stages 0 and IV, which cannot be explained.

Only 7% of the patients were nulli-

Table 4: Carcinoma of the Cervix 1948-1957

Stage	Race		White	
	Non White	Per-centage	Number	Per-centage
0	25	78.1	7	21.9
I	68	61.4	43	38.6
II	50	57.5	37	42.5
III	65	53.8	50	46.8
IV	10	71.4	3	28.6
Total	218	60.0	140	39.1

gravidae. The remaining had an average of 3.45 term pregnancies and 0.54 of abortions per patient. There was no correlation between parity and stage of the disease, except that the number of patients who had never been pregnant increased progressively from 4.7% in Stage I to 14.3% in Stage IV (Table 5), but this difference is not significant.

Table 5: Carcinoma of the Cervix 1948-1957

Stage	Pregnancies		Parity		Abortions		No. of Pts.	
	Total No.	No. Per. Pt.	Total No.	No. Per. Pt.	Total No.	No. Per. Pt.	Para	0000
0	112	3.44	19	0.575	0		0	
I	391	3.63	69	0.639	5	4.5%	5	4.5%
II	293	3.54	58	0.682	6	6.9%	6	6.9%
III	345	2.96	44	0.382	13	10.8%	13	10.8%
IV	56	4.00	9	0.643	2	13.3%	2	13.3%
		.001 < P < .005			.025 < P < .05			.25 < P < .30

Table 6: Carcinoma of the Cervix 1948-1957

Stage	Parity			Abortions		
	Pregnancies					
0	0	1	2+	0	1	2+
I	8	20	83	19	9	4
II	9	23	55	57	14	16
III	19	35	61	94	14	7
IV	3	3	7	7	3	3
		.001 < P < .005		.025 < P < .05		

If the patients are divided in groups according to the number (0, 1, 2 or more) of pregnancies and abortions (Table 6), there is an indirect relationship between the number of conceptions and stage of carcinoma: i.e. a greater percentage of patients with fewer conceptions are found



in the more advanced stages. This difference is significant,  $P < .005$ .

The symptom that compelled the patients to seek medical attention was recorded as the chief complaint.

Tabulation of the chief complaints (Table 7) showed that about 20% of patients with Stage 0 were asymptomatic, that only a small minority of those in Stage I and II and none in Stage III and IV were free of complaints,  $P < .001$ . Vaginal bleeding was the most common symptom in all stages, and it increased in frequency with progression of the disease,  $P < .001$ . Pain, the next most common complaint, became also more frequent in advanced stages of carcinoma, but the differences were not significant,  $P < .20$ .

Table 7: Carcinoma of the Cervix 1948-1957

Stage	Chief Complaint									
	None	Vag. Bleeding	Pain	Amenorrhea	Menorrhagia	Infection	Tumor	Disch.	Urinary Incont.	Other
0	20.6	29.6	11.7	5.9	8.8	2.9	8.9			20.6
I	5.5	42.5	16.2	0.9	14.4		3.6	15.3		11.2
II	2.5	64.5	17.2		6.9		2.3	10.7		1.1
III		71.0	23.4		8.4		3.2	11.7		2.5
IV		60.0	40.0		6.7		6.7	6.7	6.7	0.0

$P < .001$

No significant differences were found for other symptoms. Vaginal discharge was not present in carcinoma in situ and had practically the same frequency in the other stages. Menorrhagia and presence of a tumor were evenly distributed. Only patients with Stage IV carcinoma complained of urinary incontinence, and this was due to vesico-vaginal fistula. Amenorrhea was offered as a chief complaint by some patients in Stage 0 and I, but this symptom was obviously not related to the disease.

The duration of the chief complaint was not known in over 50% of patients with Stage 0, while the same data was available for the great majority of patients with invasive carcinoma (Table 8). No significant variance was found between stage of disease and

duration of the chief complaint,  $F$  ratio 1.6349, although in a comparable study in Denmark<sup>4</sup> the duration of symptoms was described as being directly proportional to the stage of the disease.

All symptoms related to the reproductive system, tendered by the patients after questioning, were tabulated in Table 9. The most common complaint was vaginal bleeding. This was further subdivided in: "spotting," "profuse" and "menorrhagia." Spotting was found to increase in frequency from Stage 0 to III, and became less common in Stage IV, while profuse bleeding was present more often in Stage II and decreased in frequency in earlier and later stages. These differences are statistically significant,  $P < .001$ . Men-

Table 8: Carcinoma of the Cervix 1948-1957

Stage	Mean Duration of Chief Complaint	
	Duration in Months	
0	8.3	(n=17)
I	10.3	(n=90)
II	5.4	(n=72)
III	5.2	(n=119)
IV	4.8	(n=13)

$F$  Ratio 1.6349

n= number of patients that offered this complaint.

orrhagia did not show any particular trend. Leukorrhea tends to increase in frequency in more advanced stages, while amenorrhea was an occasional complaint. The differences for those symptoms in the various stages are not significant,  $P > .05$ . Also the duration of symptoms related to the reproductive system in the various stages of carcinoma of the cervix was found to be not significant. Patients with more advanced disease had on the whole more gynecologic symptoms than those

Table 9: Carcinoma of the Cervix 1948-1957

Stage	Gynecologic Symptoms (in percentage)					% Pt. with GYN Symptoms
	Vaginal Spotting	Bleeding Profuse	Vaginal Discharge	Menorrhagia	Amenorrhea	
0	32.5	3.0	17.6	11.7	2.6	62.0
I	58.5	10.0	26.9	13.5	0.9	80.2
II	70.2	26.4	33.4	13.8		88.5
III	72.5	17.2	36.7	10.0		91.5
IV	66.0	13.3	26.7	13.3		86.8
P < .001			Not Significant			P < .001

in early stages,  $P < .001$ . The mean duration of those symptoms did not vary in the different stages, F ratio 0.79 (Table 10).

Table 10: Carcinoma of the Cervix 1948-1957

Duration of Gynecologic Symptoms		
Stage	Average Duration in Months	
0	6.6	(n=20)
I	7.3	(n=104)
II	6.9	(n=79)
III	5.4	(n=120)
IV	2.5	(n=12)

F Ratio 0.79

n = number of patients that offered this complaint.

The symptom of "pain" was analyzed as to frequency, type, site and duration in Tables 11 and 12. Patients with in situ carcinoma related an unusually high fre-

quency of flank pain, which could hardly be related to the neoplastic process. If this location of pain is eliminated, it is evident that with more advanced disease lower abdominal pain becomes more common. The percentage of patients with pain, the number of pains per patient and the duration of this symptom increase with progression of carcinoma from Stage 0 to IV. All these differences are, however, not significant,  $P > .05$ , F ratio 1.02.

### Conclusions and Summary

A study of 358 patients with carcinoma of the cervix, Stage 0 through IV, has shown an inverse relationship between 5 and 10 years uncorrected survival and stage of the disease. Patients with more advanced disease had a greater mean age, the difference between the extreme being

Table 11: Carcinoma of the Cervix 1948-1957

Stage	Sites of Pain (in percentage)							Pts. with Pain
	RLQ	LLQ	RUQ	LUQ	Back	Flank	Dysmenorrhea	
0	11.7				8.8	32.6		38.2
I	1.8				6.3	3.6		39.7
II	2.3	2.7	1.8	1.2	5.7	3.5	3.6	38.0
III	3.3	7.5			12.5	3.3	3.3	48.4
IV	13.3	6.7	6.7		6.7			61.5

$P > .05$

quency of flank pain, which could hardly be related to the neoplastic process. If this location of pain is eliminated, it is evident that with more advanced disease lower abdominal pain becomes more common. The percentage of patients with pain, the number of pains per patient and the duration of this symptom increase with progression of carcinoma from Stage 0 to IV. All these differences are, however, not significant,  $P > .05$ , F ratio 1.02.

15 years. The number of patients who had never become pregnant increased with the progression from Stage 0 through IV. Also the percentage of patients with 2 or

Table 12: Carcinoma of the Cervix 1948-1957

Stage	Duration of Pain	
	Duration	
0	5.1	(n=6)
I	7.0	(n=25)
II	2.1	(n=19)
III	4.7	(n=39)
IV	7.4	(n=4)

F Ratio 1.02

n = number of patients that offered this complaint.

Table 13: Carcinoma of the Cervix 1948-1957

Cardiovascular Symptoms (in percentage)											
Stage	Hyper-tension	Night Sweat	Dyspnea	Edema	Cough	Pallor	Weak-ness	Angina	Anemia	Hemop-tysis	% Pt. with CVS Symptoms
0	3.0	6.0	8.8		5.9		3.0		3.0	3.0	22.5
I	9.0	1.8	16.2	5.5	5.5	0.9	0.9	0.9	0.9	1.8	37.8
II	5.8		29.9	4.6	5.7	4.6					37.0
III	5.0		20.0	10.0	1.7	1.7	0.9	2.5			32.5
IV	13.3	6.7	20.0	6.7							33.3

P &gt; .05

Table 14: Carcinoma of the Cervix 1948-1957

Gastrointestinal Symptoms (in percentage)										% Pts. with GI Symptoms
Stage	Consti-pation	Weight Loss	Weight Gain	Melena	Nausea and Vomitus	Hematem-esis	Pain in Stomach	Pain in Rectum		
0	5.9	14.7	8.8	5.9	3.0	3.0				38.2
I	17.2	21.7		4.5	5.4	1.7	6.3	0.9		43.4
II	17.2	18.4	3.4	2.3	5.8	4.6	2.3			42.8
III	24.2	13.3		1.7	2.5		13.3	1.1		49.2
IV	40.0	40.0		13.3	13.3		13.3			66.6

P &gt; .05

Table 15: Carcinoma of the Cervix 1948-1957

Urological Symptoms (in percentage)								% Pt. with Urol. Symp.
Stage	Dysuria	Frequency	Incontinence	Infection	Nocturia	Hematuria		
0	5.9	11.8		5.9	11.8	5.9		26.4
I	11.7	13.3	3.6	0.9	19.8			39.6
II	5.8	9.2	2.3	1.2	28.7	1.2		37.8
III	10.0	15.8	5.8	2.5	20.8	3.3		40.8
IV	20.0	20.0	13.3		46.5	13.3		53.4

P &gt; .05

more pregnancies was higher in the earlier stages of carcinoma and vice versa.

While one fifth of the patients with intraepithelial carcinoma are asymptomatic, only a much smaller percentage of those in Stage I and II, and none in Stage III and IV offered no complaint. Vaginal bleeding was the most common chief complaint, and its frequency increased with progression of stages. All other symptoms offered as chief complaint did not show any relation with difference in stage of malignancy. Also the duration of the chief complaint was practically the same in the various stages.

Tabulation of all symptoms admitted by patients after specific interrogation showed that only "vaginal bleeding," either minimal or profuse, was increasing in frequency proportionally to the pro-

gression from Stage 0 to IV. All other symptoms, pertinent to the genital, cardiovascular, gastrointestinal and urinary systems, were in no way different in percentage, number or duration among patients with various stages of carcinoma.

### References

- <sup>1</sup>KOTTMEIER, H. L.: Annual Report on the Results of Treatment in Carcinoma of the Uterus and Vagina. Vol. 14. Pp. 26-27. Stockholm, Sweden, 1967.
- <sup>2</sup>PARSON, L., SOMMERS, S. C.: Gynecology. W. B. Saunders Company, Philadelphia, 1962. P. 888.
- <sup>3</sup>SPIEGEL, M. R.: Schaum's Outline of Theory and Problems of Statistics. Schaum Publishing Company. New York, 1961. Pp. 201-206.
- <sup>4</sup>TRUELSEN, F.: Cancer of the Uterine Cervix, a Report of 2,918 Cases. London, H. K. Lewis & Company, Ltd., 1949. Pp. 74-77.

## BOOKS OF IMPORTANCE TO ALUMNI

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## MEDICAL SCHOOL SECTION

# Dean's LETTER

*Dear Alumni:*

For the last several years most medical schools, the Association of American Medical Colleges, various foundation and individuals interested in medical education have been concerned about the problem of expanding minority

group representation within the field of medicine. Almost all schools, including ours, have devised various programs to cope with this national problem. These have been diverse in operation but most include aspects of recruitment, additional academic programs and special consideration of non-academic credentials presented during the admission process.

The nationwide impact of these activities has been most evident in the classes entering medical school this past September. Looking at minority group enrollment in the first-year class of medical school for 1969-70 vs. 1968-69, the following increases are noted: Afro-American from 266 to 440; American Indians from 3 to 7; Mexican-Americans from 20 to 44; Orientals from 87 to 96. The Afro-American category includes only citizens of the U. S. If Howard and Meharry are excluded, in 1969-70 ninety-nine medical schools admitted 320 Negro students as opposed to 97 medical schools admitting 124 Negro students in 1968-69.

The distribution of black students in the first-year class for 1969-70 vs. last year has also changed. Last year 31 schools had none in the first-year class; this year the number has dropped to 21. Last year only five schools had more than five Negroes in the first-year class; this year 22 schools exceed this number.

States showing the largest percentage increase in Negro students in the first year medical school class, comparing 1968-69 to 1969-70, are: California (1.5 to 6.4); Connecticut (2.4 to 6.6); Washington, D. C.—excluding Howard—(1.3 to 2.5); Maryland (0.9 to 3.3); Massachusetts (2 to 7.8); Michigan (4.1 to 8); Missouri (0.6 to 2.4); New York (1.3 to 4.2); Ohio (1.9 to 3.9); and Pennsylvania (0.9 to 5).

Last year the School of Medicine accepted five students under a disadvantaged program. Three matriculated in September and all participated in the summer academic program. Their performance to date is quite satisfactory.

In light of the experience gained from last year's program, the faculty of the School of Medicine, in response to what they recognize is a national problem, decided to continue the program and voted to include up to eight disadvantaged students in next year's entering class. These students will be admitted in addition to our scheduled class of 136 students. Disadvantaged students are defined as those individuals who, because of their socio-economic and/or cultural background, are unable to participate in higher education without special assistance. In this way we join with other medical schools throughout the nation in contributing to the solution of the health manpower problem.

With best wishes,

Sincerely yours,

JOHN H. MOXLEY, III, M.D.  
Dean

# *Faculty*

## **NOTES**

### **Gudelsky Fellowship Established**

In the will of the late Harry Gudelsky, a substantial bequest of \$150,000 has been made to the Regents of the University of Maryland to establish in the School of Medicine a scholarship fund to further research programs in cancer and/or heart disease. In the terms of the bequest, it is stated that the Dean of the School of Medicine should determine from year to year in which of the two areas of research the Fund should be concentrated. The bequest, invested in the Common Trust Fund of the University of Maryland, recognizes the honor and generosity of the donor, Mr. Harry Gudelsky and the Gudelsky Foundation, Inc., in expressing their appreciation of the University and the desire to help attract not only other gifts but also to attract the interest of young men in research.

In commenting on the bequest, President Wilson H. Elkins said in part, "The establishment of the Harry Gudelsky Fund—is a significant development in the life of the University and its School of Medicine. We welcome the opportunities which this support represents."

### **Robinson Foundation Honors Dr. Francis A. Ellis**

Dr. Francis A. Ellis, Professor of Dermatology, was honored on his 70th birthday with a symposium on problems of dermatology, sponsored by the Robinson Foundation and held on October 2 and 3, at the School of Medicine, 522 West Lombard Street.

Dr. Ellis was graduated from the School of Medicine in 1925. A specialist in Dermatology for more than 40 years, Dr. Ellis was particularly interested in the histopathology of dermatologic lesions and has been the author of many papers on this subject.

Three well-known dermatologists presented papers as follows:

Dr. Herman Beerman, of the University of Pennsylvania, discussed "Cutaneous Metastatic Cancer."

Dr. Thomas Butterworth, associate professor of dermatology at the University of Pennsylvania Graduate School, spoke on "Behavior Disorders of Interest to the Practitioner."

Dr. John S. Strauss, professor of dermatology at the Boston University School of Medicine, discussed "Hormonal Control of Sebaceous Gland Function in Man."

### **Promotions Announced on October 7th**

Dean Moxley announced a number of important faculty promotions. These promotions recognize creditable performance, scholarly achievements and an excellent academic record at the School of Medicine.

### **Full Professors Appointed**

The following have been promoted to the rank of full professor: Dr. Arlie R. Mansberger, Professor of Surgery; Dr. Seymour H. Pomerantz, Professor of Biochemistry; Dr. Sidney Scherlis, Professor of Pediatric Cardiology; Dr. Robert Traub, Professor of Microbiology; Dr. Stuart H. Walker, Professor of Pediatrics; and Dr. Colin Wood, Professor of Pathology. Dr. John P. Lambooy has been named Professor of Biochemistry; Dr. Richard Ormsbee has been promoted to visiting professor of microbiology; Dr. William Tigertt has been advanced to the rank of visiting professor of experimental medicine.

### **Associate Professors Named**

A number of physicians have been promoted to the rank of associate professor. They are: Dr. Edward Ascher, Associate Professor of Psychiatry; Dr. Richard H. Baker, Associate Professor of International

Medicine; Dr. Vernon C. Bode, Associate Professor of Biochemistry; Dr. Joseph W. Burnett, Associate Professor of Medicine; Dr. Paul L. Canner, Associate Professor of International Medicine, Dr. Robert M. N. Crosby, Associate Professor of Neurological Surgery; and Dr. John E. Gessner, Associate Professor of Physical Medicine and Rehabilitation.

Also: Dr. Genell L. Knatterud, Associate Professor of International Medicine; Dr. George A. Lentz, Associate Professor of Pediatrics; Dr. Yoram Palti, Associate Professor of Physiology; Dr. Julian W. Reed, Associate Professor of Preventive Medicine and Rehabilitation; Dr. Jacob Schonfield, Associate Professor of Psychology in Rehabilitation; and Dr. Werner U. Spitz, Associate Professor of Pathology.

Those appointed associate professor are: Dr. Enrico Bucci, associate professor of biochemistry; Dr. Norman Gould, associate professor of psychiatry; Dr. Joseph R. Guyther, associate professor of medicine; Dr. Alexander Nussbaum, associate professor of cell biology and pharmacology; and Dr. Hughes J. P. Ryser, associate professor of cell biology and pharmacology.

### Assistant Professors

A number of assistant professors have been named and are as follows: Dr. Alvin M. Brown, assistant professor of physical medicine and rehabilitation; Dr. Courtney Clower, assistant professor of psychiatry; Dr. Kurt R. Fiedler, assistant professor of psychiatry; Dr. Genevieve Foster, assistant professor of psychiatry; Dr. William Holden, assistant professor of psychiatry; Dr. Barbara Hudson, assistant professor of pediatrics; Dr. Barbara Hulfish, assistant professor of neurology in psychiatry; and Dr. Katherine V. Kemp, assistant professor of physical medicine and rehabilitation.

Also: Dr. Thomas J. Kenny, assistant professor of child psychology in pediatrics; Dr. Zsolt B. Koppányi, assistant professor of pediatrics; Dr. Renato S. Lapidario, assistant professor of orthopedic surgery; Dr. Anthony A. Lewandowski, assistant pro-

fessor of medicine; Dr. Eduardo G. Romero, assistant professor of neurobiology; Dr. Paul Schweda, assistant professor of toxicology; Dr. Bernard Shochet, assistant professor of psychiatry; Dr. James Styrt, assistant professor of psychiatry; Dr. Suketami Tomi-naga, assistant professor of international medicine; Dr. Lutz von Muehlen, assistant professor of psychiatry; Dr. Dennis K. Wentz, assistant professor of medicine; and Dr. Seymour Weiner, assistant professor of radiology.

Those appointed assistant professor are: Dr. Robert J. Ayella, assistant professor of radiology; Dr. Satish C. Bhalla, assistant professor of international medicine; Dr. Dennis T. Brown, assistant professor of pharmacology; Dr. Neal C. Brown, assistant professor of cell biology and pharmacology; Mrs. Kathleen Carter, chief of social work in pediatrics; Dr. Frank M. Calia, assistant professor of medicine; Dr. Spencer Foreman, assistant professor of medicine; and Dr. Joel Garbus, assistant professor of thoracic surgery.

Also: Dr. Grace Gavin, social work in psychiatry; Dr. Priscilla A. Gilman, assistant professor of pediatrics; Dr. Lewis J. Goldfine, assistant professor of physical medicine and rehabilitation; Dr. Hyman Goldstein, assistant professor of biostatistics; Dr. Gordon G. Heiner, assistant professor of international medicine; and Dr. Gladys Kraft, social work in psychiatry.

Also: Dr. Ethem Y. Kuzucu, assistant professor of anesthesiology; Dr. John P. Miller, assistant professor of forensic pathology; Dr. Allan S. Moodie, assistant professor of medicine; Dr. Donald Dewitt Nelsh, Jr., assistant professor of medicine; Dr. Merrill E. Parelhoff, assistant professor of anesthesiology; Dr. Manoel Penna, assistant professor of psychiatry; Dr. James T. Tildon, assistant professor of biochemistry; Dr. George D. Yannakakis, assistant professor of neurology; Dr. Lois A. Young, assistant professor of ophthalmology; Dr. Muhammad Zahir, assistant professor of medicine and Dr. William V. Zussman, assistant professor of pathology.





**Dr. Robert A. Good, Pincoffs  
Annual Lecturer**

Dr. Robert Good, Professor of Pediatrics and Microbiology at the University of Minnesota Medical School, presented the 1969 Maurice C. Pincoffs Lecture in Medicine, an annual feature of the Department of Medicine. Commemorating the thirteenth anniversary of the establishment honoring the late Dr. Maurice C. Pincoffs, Dr. Good spoke on the subject, "The Development of the Lymphoid System and Immunological Reactions." Dr. Good (right) is pictured with Dean John H. Moxley, III, (left) prior to his giving the lecture which was held on Monday, December 1, 1969, in Davidge Hall.

### **Maryland Society for Medical Research Continues Active**

In an open letter to Alumni, Dr. Frank H. J. Figue, Professor of Anatomy, calls attention to the necessity for constant vigilance by the Maryland Society for Medical Research to insure a proper environment for and supply of laboratory animals for experimental purposes.

As friends of medical research, Dr. Helen B. Taussig, who serves as current President, calls attention to the vital role the Society plays, particularly in public education, the stimulation of youth in the direction of experimental biology and to keep a finger on the pulse of legislative activity.

Sustaining memberships are \$7.50 and active memberships are \$3.00 per year. Reply should be directed to the Maryland Society for Medical Research, 522 W. Lombard Street, Baltimore, Maryland 21201. Contributions are welcome.

### **Ford Foundation Fellowships**

The Ford Foundation, 320 E. 43rd Street, in New York City, has announced the inauguration of three Doctoral Fellowship programs to begin in the year 1970-1971. These fellowships are particularly designed to afford opportunities for the American Indian, Mexican American, Puerto Rican and African American (black students) who wish to enter graduate school for the purpose of receiving a Doctor of Philosophy Degree. The program will provide financial aid for full-time study in the graduate program; however, continuing aid is based upon the previous year's accomplishments.

Student applicants are urged to inquire at the Ford Foundation requesting information for the graduate school program.

### **Mr. George W. Morrison, Since 1948 Director of the Physical Plant of the Baltimore Campus, Retired on December 1**

A professional engineer, Mr. Morrison actively participated in the development of such facilities as the Health Sciences Library, Student Union, the North Hospital Building, now under construction, and the refurbishment of Howard Hall. His excellent judgment and cooperative planning have also served to maintain existing structures in an efficient and attractive manner despite the ravish of age and usage, indeed. Despite the many exacting requirements of his responsibility, he found time to plant a few rose bushes, some shrubbery, occasional decorative lights and other interesting additions which have added a measure of charm and dignity to an otherwise uninteresting group of functional buildings. A grateful faculty acknowledges a job well done.



## MEDICAL SCHOOL SECTION

### Medical Science Review Announced

The Postgraduate Committee of the School of Medicine has announced its annual program. "Advances in Medical Science." The following program will be presented. Practicing physicians are invited to register at the offices of the Postgraduate Committee, 522 W. Lombard Street, or to call Mrs. Elizabeth Carroll, 955-7346 or 7266:

#### January 7, 1970

3:00-5:00 P.M.

*Selected Topics In Infectious Diseases*

Drs. Richard Hornick and Morton Rapoport

#### January 14, 1970

3:00-5:00 P.M.

*Peripheral Neuropathies:*

Diabetic

Alcoholic

Drug Induced

Infection & Trauma

Panel Moderator:

Drs. Thomas Price, Garcia-Mullin,

Richard Mayer

#### January 21, 1970

3:00-4:00 P.M.

*Current Concepts of Carcinoma of the Prostate*

Dr. John Young

4:00-5:00 P.M.

*Management of Acute Delirium: Psychological Aspects*

Dr. Virginia Huffer

#### January 28, 1970

3:00-4:00 P.M.

*Vascular Compression of Duodenum—A Cause of Upper G. I. Complaints*

Dr. Arlie Mansberger

4:00-5:00 P.M.

*Pediatric Aspects of Atypical Development in Children*

Dr. Raymond Clemmens

#### February 4, 1970

3:00-4:00 P.M.

*Orthopaedics-Injection of Shoulder & Knee*

Dr. George Austin

4:00-5:00 P.M.

*Physiology of Ascites Formation*

Dr. Sheldon Greisman

#### February 11, 1970

3:00-4:00 P.M.

*Achalasia of the Esophagus*

Dr. Howard Raskin

4:00-5:00 P.M.

*Gastrointestinal Cytopathology*

Miss Sue Pleticka

#### February 18, 1970

3:00-5:00 P.M.

*Angina Pectoris, Etc.*

Drs. Jerry Salan or Leonard Scherlis

#### February 25, 1970

3:00-4:00 P.M.

*Temporal Arteritis and Other Eye Conditions*

Dr. Richard Richards

4:00-5:00 P.M.

*The Nose and Throat: Differential Diagnosis*

Dr. Cyrus Blanchard

#### March 4, 1970

3:00-4:00 P.M.

*Hiatus Hernia*

Dr. Vernon Smith

4:00-5:00 P.M.

*Aspirin and Bleeding from the Intestinal Tract*

Dr. Vernon Smith

#### March 11, 1970

3:00-5:00 P.M.

*Recognizing the Suicidal Patient*

Dr. Bernard Shochet

#### March 18, 1970

3:00-4:00 P.M.

*Malnutrition in Children: Overt and Covert*

Dr. Ray Hepner

4:00-5:00 P.M.

*Anemia in Children*

Dr. Ray Hepner

#### March 25, 1970

3:00-5:00 P.M.

*Rheumatoid Arthritis*

Dr. Werner Barth

### Recent Promotions

Dr. William D. Tigertt has been named Director of the Clinical Laboratories in the University of Maryland Hospital. In announcing the appointment, Dr. George H. Yeager, Director, referred to Dr. Tigertt's significant contributions in the field of Infectious Diseases, Hematology and in other areas concerned with global and international health. Prior to his appointment, Dr. Tigertt held the rank of Brigadier General and was Commandant of the Walter Reed Institute of Army Research.

### **Dr. Theodore E. Woodward Elected President of the American Clinical and Climatological Association**

Dr. Theodore E. Woodward, professor and head of the department of medicine at the University of Maryland, has been elected president of the American Clinical and Climatological Association.

### **New Appointment**

Dr. John C. Krantz, Emeritus Professor of Pharmacology, has been appointed a Director of the Maryland Psychiatric Research Center; he also has been named to the Editorial Board of a new Journal entitled, *Medical Counter Point*.

## **In Memoriam**

Dr. Magnus I. Gregersen, who served as Professor and Chairman of the Department of Physiology at the School of Medicine from 1935-1939, died at Englewood, N. J., on August 26th. Dr. Gregersen left the University of Maryland to become Professor and Chairman of the Department of Physiology at Columbia University College of Physicians and Surgeons.

Dr. Kurt Levy, a former professor of internal medicine, died August 28th at the University of Maryland Hospital after a short illness.

A native of Oberhausen, Germany, and an alumnus of the University of Dusseldorf and of the University of Cologne Medical School, Dr. Levy practiced in Dusseldorf before moving to Baltimore in 1937. For

many years he was active as a ward teacher at the University of Maryland Hospital. He was also active at the Lutheran and Sinai Hospitals.

Dr. Tobias Weinberg, Clinical Professor of Pathology in the School of Medicine and Pathologist-in-Chief at the Sinai Hospital of Baltimore, died unexpectedly on November 21, 1969. Dr. Weinberg was a former resident at the Mt. Sinai Hospital in New York, where he trained under the late Dr. Paul Klemperer. Since 1940, he has served as Pathologist-in-Chief at the Sinai.

A consultant at the Lutheran Hospital, Kernan Hospital, and the Springfield State Hospital in Sykesville, Dr. Weinberg was also a member of the Viral Carcinogenesis Branch of the National Cancer Institute.



## ALUMNI ASSOCIATION SECTION

### President's Letter

Dear Fellow Alumni:

Since my last letter in the October issue of the BULLETIN we have continued to make progress in building our Alumni Association into a smoother functioning unit. A number of the Faculty have recently joined the Alumni Association and to them we extend a hearty welcome and hope that they will actively participate and assist us in getting other members of the Faculty to join.

During the last three months, due to illness, I have had to relinquish the duties of the President and turn them over to Doctor Kardash, whom I believe has been very busy. Along with Doctor Moxley, he represented our Association at the Scientific Assembly of the Medical Society of the District of Columbia and met with other Alumni of that area at their Annual Luncheon. Later in October, Doctor Kardash, with other Faculty Members and in connection with the Committee on Continuing Medical Education, presented another University of Maryland Day as guests of Dr. Benjamin M. Stein of the Brunswick Hospital Center in Amityville, New York. I am told that this was a most successful meeting and we are all indebted to Doctor Stein for his most gracious hospitality.

I have appointed Doctor Sharrett as Chairman of the Committee for the Restoration of Davidge Hall and by the time that this letter reaches you, I am sure you will have heard from the Committee. If any of you might wish to make contributions in advance, which will be tax deductible, kindly send checks to the University of Maryland Medical Alumni Association, Baltimore, Maryland, earmarked for the Davidge Hall Restoration Fund.

The plans for Alumni Day, June 4, 1970, are now practically completed. Doctor Startzman, who is Chairman of the Committee for this day, is making plans for a most interesting speaker at the Banquet and also for a very enlightening Scientific Program.

At this early date, I would like to invite all of the 1970 Graduating Class of the School of Medicine to attend our Scientific Meeting and above all to come as our honored guests with their wives or husbands to the Annual Alumni Dinner Dance to be held at the Lord Baltimore Hotel at 7 p.m.

I would hope that this may help them become better acquainted with our Association and encourage them to join us after Commencement.

Sincerely,

WILFRED H. TOWNSHEND, JR.,  
President  
Medical Alumni Association

#### OFFICERS

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*ex-officio*

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*ex-officio*

## MEDICAL ALUMNI ASSOCIATION MINUTES, BOARD OF DIRECTORS

As secretary of the Medical Alumni Association, I will summarize the meetings of your Board of Directors for August, September, October and November, 1969.

A special meeting was held on August 12th so that the Board of Directors would have firsthand information of a meeting between Dean Moxley and president Townshend. During this meeting Dean Moxley expressed his sincere interest in the Medical Alumni and said that he would like the Board of Directors to act more or less as an advisory board to him. The Board accepted this courtesy invitation to act as advisors to the Dean.

One of the Board members reported that an opportunity exists for the Alumni Association to be a positive force in the direction of rapport between the alumni and students and a committee was formed to work out a plan and subsequently report back to the Board of Directors.

Also discussed were the outstanding delinquent Student Loan accounts. A report was made on the reunion luncheon held on September 24th in Washington at which time Dean Moxley addressed alumni members of that area. Plans were also made that evening for a representative group to attend an Alumni and Continuing Education reunion at the Amityville, N. Y. meeting to be held at the Brunswick Hospital. Also it was decided that an alumni reunion would be held in Atlanta, Georgia, Nov. 11-15, during the Southern Medical Association annual meeting.

In September the Board met on the 23rd of the month and were briefed by Dr. Theodore Kardash, President-elect, on the meeting with the Faculty Board on the invitation of Dean Moxley. At that time Dr. Kardash extended an invitation to all Faculty members to become Alumni Association members. Subsequent to the Board meeting letters of invitation were sent to all Faculty

members who were not then members of the Alumni Association.

Committees for 1969-1970 were announced as follows:

### *Honor Award & Gold Key*

John O. Sharrett, M.D., Chairman  
Theodore Woodward, M.D.  
Walter Karfgin, M.D.  
John C. Dumler, M.D.

### *Alumni Day—1970*

Henry H. Startzman, Jr., M.D., Chairman  
William Dunseath, M.D., Co-Chairman

### *Student Loans*

J. Howard Franz, M.D., Chairman  
Gibson J. Wells, M.D.  
Walter Karfgin, M.D.

### *Editorial Board—"Bulletin"*

Arlie Mansberger, M.D.  
Edward F. Cotter, M.D.  
Col. Francis W. O'Brien  
Wilfred H. Townshend, M.D.

### *Representatives to General Alumni Council*

Robert B. Goldstein, M.D., member  
William H. Triplett, M.D., member  
Wilfred H. Townshend, Jr., M.D., member  
Col. Francis W. O'Brien, alternate  
Francis Clark, M.D., alternate  
Martin Strobel, M.D., alternate

### *Representatives to Faculty Board*

Edward F. Cotter, M.D.  
Arlie Mansberger, M.D.  
Wilfred H. Townshend, M.D., ex-officio

### *Nominating Committee (elected at annual meeting)*

John O. Sharrett, M.D., ex-officio  
Lewis P. Gundry, M.D., ex-officio  
J. Howard Franz, M.D.  
Gibson J. Wells, M.D.  
Theodore Stacy, M.D.



## ALUMNI ASSOCIATION SECTION

The October meeting was held on the 28th. Dr. Startzman reported that he had all captains for the 1970 class reunions accepted. Dr. Startzman also reported that he was trying to obtain a suitable speaker for the reunion banquet.

Dr. Sharrett, Chairman of the Davidge Hall Restoration Fund, announced that he had completed a letter to be sent to all graduates of the School of Medicine requesting their contributions over the next five years in order that Davidge Hall may be restored to its original configuration.

It was decided upon at this meeting that the Medical Alumni Association would not encourage a reunion at the 1969 AMA Clinical Convention in Denver, but would plan a reunion at the annual AMA Convention to be held in Chicago in June of 1970.

A general discussion was held on the subject of closer relationship between the Alumni Association and students in the School of Medicine. Dr. Mosberg reported that both the Medical Board and the Faculty Board have approved evening discussions by the Alumni Committee and Students.

The last Board Meeting of the year was held on November 25th and the principal points of discussion centered around a committee on student relations. This committee, chaired by Dr. William H. Mosberg and assisted by Drs. James R. Karns and Charles E. Shaw, are making plans for evening discussions to be given during 1970.

A report was made by the executive administrator that approximately 4500 letters will be sent out early in December containing Dr. Sharrett's letter on the Davidge Hall Restoration Fund. In addition, letters of invitation to all eligible non-Medical Alumni Members in all classes from 1920 through 1967 have been mailed. The purpose of this letter was to invite all to join the Medical Alumni Association.

The Treasurer, Dr. Robert B. Goldstein, reported the finances to be in good shape as the year 1969 closes out.

A handwritten signature in dark ink, appearing to read "Edward F. Cotter". The signature is written in a cursive style with a large initial "E" and "C".

EDWARD F. COTTER, M.D.  
*Secretary*

# Alumni!

## THIS IS IMPORTANT

### Your Alumni Office Can Help You

Recently the Alumni Office assisted captains of class reunions by forwarding the captain's class letter along with class rosters. The classes of 1920, 1930, 1935, 1946, 1950, 1955 and 1965 were covered in this service. Over 700 letters were sent out. Your Alumni Office is ready, willing and able to help in contacting any classmates anywhere in the world. For your information the 1970 reunion captains are:

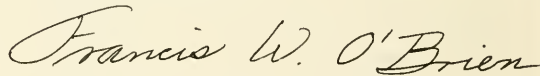
1920 J. Morris Reese, M.D.  
1925 Thomas B. Turner, M.D.  
1930 Marius P. Johnson, M.D.  
1935 Harry M. Robinson, M.D.  
1940 Conrad L. Richter, M.D.  
1945 V. D. Fitzpatrick, M.D.  
1950 Henry H. Startzman, M.D.  
1955 Joan Raskin, M.D.  
1960 Jerome Ross, M.D.  
1965 Larry A. Snyder, M.D.

In addition, your Alumni Office sent out 2770 letters informing graduates of reunions at Washington, D. C., and Southern Medical Association.

Plans are already under way to hold a Medical Alumni Reunion during the annual national AMA convention June 21-25 in Chicago, Illinois, and for the Maryland Medical Reunion in June, 1970. All alumni of the University of Maryland School of Medicine will be kept informed of both reunions.

### Extract of a Letter Received by the Editor of the "Bulletin"

"Thank you so much for the publication and your superlative article concerning me; in fact, I almost didn't recognize it! As a matter of fact, I discovered many other areas of interest in the BULLETIN concerning the School and would therefore appreciate receiving an application so that I may receive future issues. I must admit that I have been most lax in alumni matters. Many thanks again."



FRANCIS W. O'BRIEN  
*Executive Administrator*

# The U. of M. Medical Alumni SALUTE



**James B. Nuttall, M.D.,  
(Brigadier General, M.C., USAF)  
Class of 1939, Fourth Honor  
Recipient of the Medical Alumni  
SALUTE, 1970**

Hardly anyone in the Class of 1939 could foretell the tumultuous and rapidly changing events which were to become the history of the 1940's. Rockets were considered a playtoy and aircraft was still considered by some as unreliable.

With preliminary training as a pharmacist, Jim Nuttall, of the Class of 1939, found himself at the end of a two year rotating internship at the University of Maryland Hospital and simultaneously on the threshold of a great world conflict.

With a background of National Guard experience as a Captain in the old 104th medical regiment (under the command of Colonel William H. Triplett), Nuttall immediately requested active duty with the U. S. Army Air Corps and early in 1942 was assigned as a surgeon to the 2nd Bombardment Group. He was sent to the School of Aviation Medicine, Randolph Field, Texas, and was immediately assigned to the 376th Bombardment Group in Europe, participating in many combat flights for which he received the Air Medal with 4 Oak Leaf Clusters, the Distinguished Flying Cross, Bronze Star Medal, Commendation Medal, USAF Certificate of Achievement in Aviation Medicine, Legion of Merit and Distinguished Service Medal. By the end of hostilities, he had been promoted to the rank of Major. Jim then decided to make military aviation medicine his life's career.

By 1946 he was nominated Chief of the Department of Military Medicine, School of Aviation Medicine, Randolph Field, Texas, now a part of the rapidly expanding U. S. Air Force. From 1948-1950 he served

as Air Force Secretary to the Committee on Medical Sciences Research and Development Board of the Air Force, returning again to Randolph Field as Chief of the Department of Aviation Medicine.

Now a Lieutenant Colonel, he spent a short period as a medical exchange officer with the Royal Air Force in London, being subsequently assigned as Chief of Aviation Medicine, Office of the Surgeon, USAFE, serving also as Commander of the 7112th Central Medical Group, USAFE, in Wiesbaden, Germany. He was now promoted to Colonel and assigned to a number of senior positions at headquarters in Washington. In 1961, he found time to obtain a Master of Public Health Degree from Johns Hopkins University. Assignments in Aerospace Medicine and again a tour of duty in Germany preceded his appointment as Commander of the U. S. Air Force School of Aerospace Medicine, Brooks Air Force Base, Texas. In 1968, he was made a Brigadier General and assigned as Command Surgeon of the Strategic Air Command (SAC) at Offutt Air Force Base, Nebraska. General Nuttall retired in 1969.

With more than a dozen technical and scientific papers relating to aviation medicine and with about all of the medical flight ratings possible, with membership in more than a dozen learned societies, General Nuttall's career exemplifies a very successful and enviable career in military medical science through which he has brought distinction upon his alma mater, a challenge to students and younger physicians and to those who are proud to claim him as a friend. This honor graduate of the Class of 1939, distinguished flight surgeon, deserves and herewith receives the salute of his fellow alumni and faculty in the School of Medicine.

# The Campus —

## *A 1969 Record*

During the more than a century and a half, Davidge Hall has changed but little. Passage of time has obliterated the green, rolling meadows south of the Medical School, has seen the rise of first a residential district, then of a decaying order which has disappeared and from which now arises, as a part of a redevelopment scheme of the Baltimore campus, new schools and new facilities, some replacing the old; others quite new.

The immediate environment of what we proudly call our old campus has considerably changed. Davidge Hall, the nation's oldest Medical School building, preeminently an historic site, stands as a focal point of what promises to be an attractive, expanding and unique campus.

Alumni of some distance and of some years will be interested to see these changes. This is why your editor, accompanied by Mr. Don Mende of the Department of Illustrative Services, chose a typical week day, October 11, 1969, for a leisurely trip retracing the steps we took on May 17, 1961, (see BULLETIN, Volume 46, No. 4, October, 1961). The editor's words and most photographs will no doubt be potentially nostalgic but will yet convey the progressive and dynamic aspects of the University as it proceeds toward the 21st century. Historic Davidge Hall still remains the focal point of the tradition from which the new will continually spring.



## ALUMNI ASSOCIATION SECTION

Traditionally our tour starts at the southwest corner of Lombard and Greene Streets looking northeast toward the intersection of Lombard and Greene. The giant Linden tree, damaged during a summer storm and recently "surgically treated," still stands in front of Davidge Hall. To the left is the old Pathology Building now called Medical Technology Building (1).



Crossing Greene Street, a view is obtained looking north showing from right to left the old Pathology Building (now Medical Technology), the Bressler Building and a corner of the new Law School. The tower of Westminster Church and a part of old School No. 1 are seen in the background (2). We cross the street proceeding east on Lombard Street, catching another view of Davidge Hall and the soon-to-be vacated School of Dentistry (3).

We come next to the intersection of Lombard and Paca and, looking north, see the old buildings on the left soon to be vacated

and the new Law School on the northwest corner of Baltimore and Paca. The Biltmore Hotel has disappeared (4). Continuing north on Paca Street we reach the intersection of Redwood. Looking west we see that Redwood Street is now closed west of Greene to accommodate the new North Hospital Building now under construction. To the extreme right is the new Dental School. The "law parking lot" is beautifully fenced. The entire block from Baltimore to Redwood and from Greene to Paca has been cleared and is now a parking lot.







The old Law School is now the School of Social Work (5).

A closeup of the excavation and the closing of Lombard Street west of Greene is seen in illustration (6). We continue north on Paca, crossing Baltimore Street. A view

to the southwest from the east side of Paca Street just north of the intersection with Baltimore Street southwest shows (left to right) Bressler Building, School of Social Work, University of Maryland Hospital, and the edge of the Psychiatric Institute (7).









## ALUMNI ASSOCIATION SECTION

Looking west on Baltimore Street at the intersection with Paca (left to right) is seen Howard Hall (formally the Hecht Company Department Store), the new Dental School and the west wing of the Law School (8). Standing in front of the Post Office sub station at Fayette and Paca the new Law School, occupying the site of the former Biltmore Hotel, is seen with the tower of the hospital projecting above it (9).

We now go west on Baltimore Street to

the intersection at Greene. Looking south (10) one sees Westminster Church, the new Law School and to the south the other familiar buildings. Again, proceeding west we pass the new parking facility now standing on the site of former public school No. 1 at the southwest corner of Fayette and Greene Streets. Arch Street separates the parking garage from the new Dental School seen in the background (11).



Still walking west, the massive University of Maryland Hospital appears to the south in a new perspective (12). We turn south on Arch Street, first looking west over a huge sea of parked cars, an area soon to be occupied by a new psychiatric facility. Demolition extends as far west as Pine Street (13).

We next turn back to see the new Dental School facility in a clear perspective (14). The school will stand between Pine and Arch Streets occupying practically the entire block between Baltimore and Fayette Streets. Proceeding east on Baltimore, a parking lot replaces the "Arundel" on one corner.







The new Law School extending the unit block to Paca replaces Solomon's Drug Store and other well remembered emporia (15).

At Baltimore and Greene we look north-east again to Westminster Church (16), then south to the School of Social Work and the Bressler Building (17).









*ALUMNI ASSOCIATION SECTION*

We stop and explore the excavations for the new North Hospital Building, in October approximately 4% complete (18, 19 & 20).



(20)



Continuing south on Greene Street, we pass in front of the hospital, the new Shock Trauma Unit appearing in the space between the old Pharmacy School and the south wing of the hospital (21). Proceeding south on Greene toward Lombard another view of Davidge Hall (22) is obtained and we see the new Health Sciences Library soon to be enlarged. The famous Crawford collection is housed in the north-west corner of the second floor (23).









## ALUMNI ASSOCIATION SECTION

We climb the steps of the old Pathology Building to gain a northwest view of Greene Street (24), and then turn west on Lombard from Greene. We now see in rapid sequence the old hospital Student Union and on the northeast corner of Penn and Lombard a new Nursing School Building (25) soon to be completed. Pausing west of the Student Union Building and looking across the garden and tennis courts one sees in the background the new Office of the Chief

Medical Examiner of Maryland, now a part of the Medical School campus. This new facility is located on the northeast corner of Penn and Pratt Streets (26). Turning back and looking east with the hospital in the background are the Schools of Nursing and Pharmacy with the familiar "Bromo" in the background (27). At the corner of Penn and Lombard is the Western Health District Building of Baltimore City.









## ALUMNI ASSOCIATION SECTION

An addition is being made to the University Parking Garage. Howard Hall is seen in the background (28).

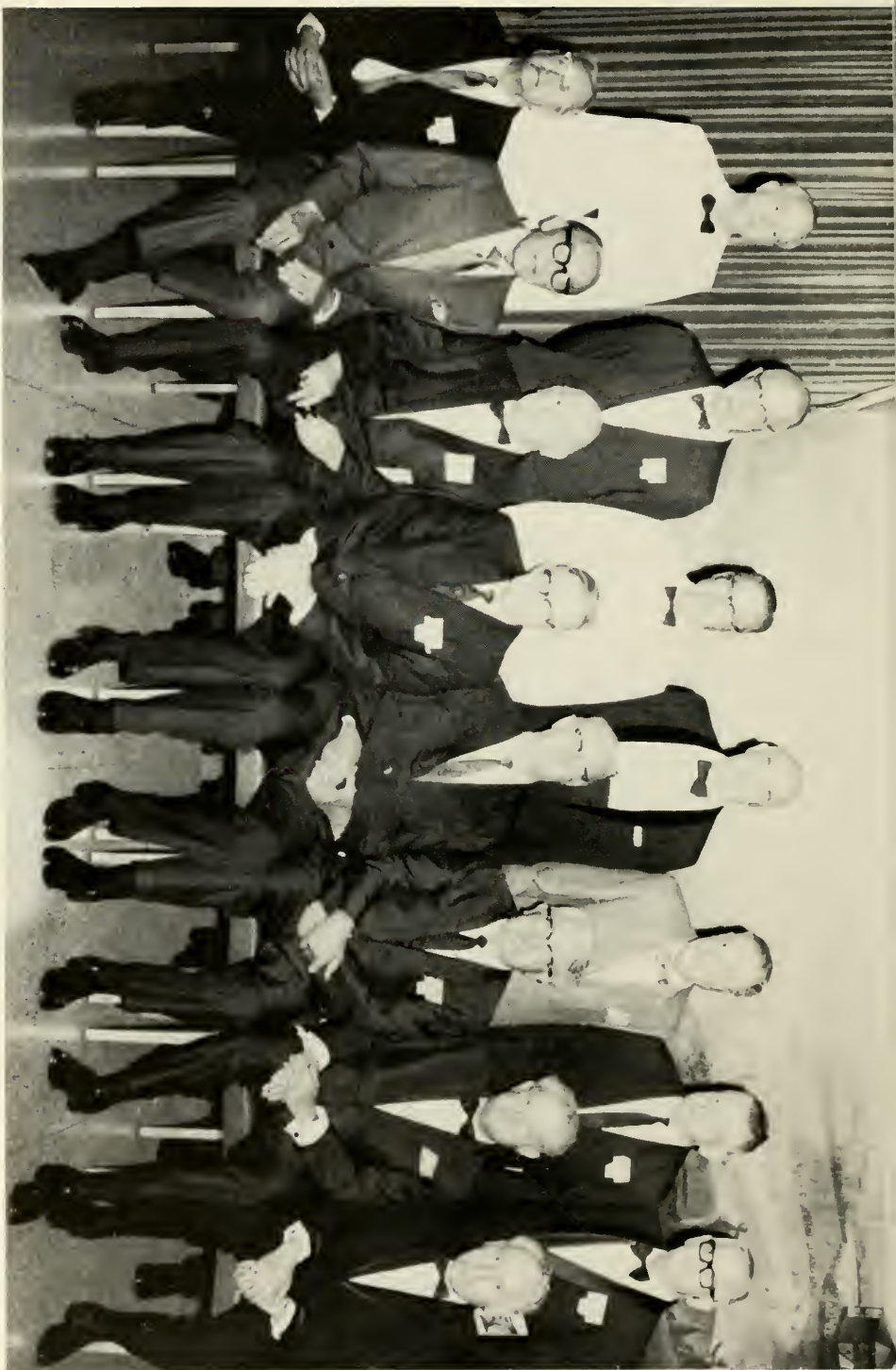
We have an unusual perspective looking east on Redwood Street toward the construction site of the new North Hospital Building (29) and again a final look at the University of Maryland Hospital, the Radiology wing and the ever present girls (30).

Cider Alley is still with us. Redevelopment and the razing of more slum areas will widen the campus and hopefully improve it with additional breathing room and with an op-

portunity to add such interesting facilities as an addition to Howard Hall, a new Veterans Administration Hospital Building, Residence Halls and an increase in size of the Health Science Library.

They still come and sit on the benches of Davidge Hall. In this venerable institute still springs the enthusiasm of youth and its challenges through the healing arts. Now, well into its second century, Davidge Hall, its tradition and its people are, indeed, a manifestation of an eternal spring, in a venerable institution.





CLASS OF 1929 ON ALUMNI DAY, JUNE 5, 1969

*Left to Right: First Row:* Herman Cohen, Jacob Garber, Andres Calas, John Haney, William Sullivan, Silvio Alessi, Selig Brauer, Charles Wallack.

*Second Row:* George Yeager, Morris Schreiber, Joseph Corsello, William Yudkoff, Leroy Heck, William Chapman, Rafael Villar-Isern.





CLASS OF 1939 ON ALUMNI DAY, JUNE 5, 1969

*Left to right: First Row:* Mrs. James Kerr, Mrs. Baylus, Mrs. Heimoff, Mrs. Lapinsky, Mrs. Sadove, Mrs. Cunningham, Mrs. Jandorf, Mrs. Beck, Mrs. Nuttall, Mrs. Miller.

*Back Row:* Dr. and Mrs. Wm. Kammer, Dr. James Kerr, Dr. Herman Baylus, Dr. L. Heimoff, Dr. Herb Lapinsky, Dr. Max Sadove, Dr. Harry Beck, Dr. Ray Cunningham, Dr. Donald Jandorf, Dr. Ben Isaacson, Dr. S. Goldberg, Dr. (Brig. General) James Nuttall, Dr. W. S. Miller.

# Class

## NOTES

ELSEWHERE in this edition you will find a "tear out" page, for reporting Alumni News to the BULLETIN. This is not an idle gesture.

Your achievements, fellow alumnus, are of interest to your classmates. They constitute a reward to the faculty, are a challenge to the younger physicians, and are an item of prestige for the University. Please cooperate with us by forwarding news of yourself or any alumnus to the BULLETIN. Thank you.

### CLASS OF 1925

Dr. Eva F. Dodge is presently engaged in consultation work relating to maternal and child health, family life, education and nutrition on an industrial basis. Her present address is Quapaw Towers, East Ninth Street at Ferry, Little Rock, Arkansas.

### CLASS OF 1928

Dr. Morris A. Saffron was awarded the doctorate in history from Columbia University.

### CLASS OF 1932

Dr. Herbert Berger is the co-author of a paper entitled, "Problems of Medical Ethics", presented with Sir John Richardson at the International Congress of Internal Medicine in London, England, September 17, 1969.

Dr. George Silverton, formerly Director of Radiology at the Southeastern General Hospital, Lumberton, North Carolina, has rejoined the staff of the Department of Radiology of the Prince George's General Hospital in Cheverly, Maryland. Dr. Silverton will reside at 6008 Hawthorne Street, Cheverly, Maryland 20785.

### CLASS OF 1936

Dr. William Greifinger was elected medical director of the Clara Maass Memorial Hospital in Orange, New Jersey.

### CLASS OF 1937

Dr. Frederick P. Pokrass has been appointed acting superintendent of the Springfield State Hospital in Sykesville, Maryland.



Dr. Joseph M. George

### CLASS OF 1938

Dr. Joseph M. George, Jr., who practices in Las Vegas, Nevada, has been named physician of the year by the Nevada State Medical Association. Dr. George has been in general practice in Las Vegas since 1945 following a period of active duty with the U. S. Air Force as a flight surgeon during World War II.

He has been most active, not only in medical but in civic affairs as well, which won him the coveted "Robins Award" for outstanding community service by a physician. Dr. George has served as President of the Clark County Medical Society, chief of staff at Southern Nevada Memorial Hospital, president of the Nevada State



## ALUMNI ASSOCIATION SECTION

Medical Association and president of the Nevada Chapter of the Academy of General Practice.

His civic activities have included being a member of the Las Vegas Child Welfare Board since 1950, serving as chairman for the past 3 years. From 1951-1954, he was a member of the Clark County Juvenile Probation Board. He has also served as a member of the State of Nevada Hygiene Board, Western Regional WICHE Program Advisory Board and the Clark County Veterans Coordinating Committee. He is a member of the Kiwanis Club, VFW Post No. 1753, Elks, American Legion, Parents Club of Our Lady of Las Vegas School and Parents Club of Gorman High School.

### CLASS OF 1940

Dr. Ross Z. Pierpont has been appointed by Governor Marvin Mandel to the Board of Review for the Department of Mental Health and Hygiene.

Dr. William R. Platt is the author of a popular textbook entitled, *Color Atlas and Textbook of Hematology*, published by the J. B. Lippincott Company.

Dr. Platt, Assistant Professor of Pathology at the Washington University School of Medicine, is also director of laboratories and pathologist at the Missouri Baptist Hospital in St. Louis, Missouri. His career includes teaching positions in Hematology at Emory University School of Medicine in Atlanta, Georgia; Norton Memorial Infirmary in Louisville, Kentucky, and West Jersey Hospital in Camden, New Jersey. Dr. Platt is a fellow of the College of American Pathologists and of the American College of Physicians.

### CLASS OF 1943

Dr. Harold Dillon has been recently named Associate Professor of Clinical Psychiatry at the University of Pennsylvania School of Medicine. In addition to his academic appointment, Dr. Dillon serves as Chief of Psychiatry at the University of Pennsylvania Division, Philadelphia General Hospital.

### CLASS OF 1945

Dr. Frank J. Ayd, Jr., has been named Associate Editor of a new medical journal entitled, *Medical Counter Point*, published monthly as a controlled circulation journal. Dr. Ayd's first article was published in the September, 1969, issue and was entitled, "Drugs and the Future."

### CLASS OF 1949

Dr. Frank J. Jirka has been elected President of the medical staff of MacNeal Memorial Hospital in Berwyn, Illinois.

### CLASS OF 1954

Dr. Ralph S. Goldsmith is the author of a clinical review entitled, "Evaluation and Treatment of Hypercalcemia," published in the September 22, 1969, edition of *Modern Medicine*. Dr. Goldsmith, an internist, is director of the Clinical Study Unit and consultant to the Section of Endocrinology, Mayo Clinic and Foundation in Rochester, Minnesota. A former house officer at the Boston City Hospital, Dr. Goldsmith is also a member of the American College of Physicians and the Endocrine Society.

Dr. Ira N. Tublin has removed his office to 8330 Cameron Street, Silver Spring, Maryland, for the practice of Internal Medicine and Nephrology.

### CLASS OF 1959

Dr. Karl M. Green and Dr. Sherman S. M. Chang have announced the new location of their office for the practice of Pediatrics, which is located at the Carroll County Children's Center, No. 1 Washington Heights Medical Center, Westminster, Maryland.

### CLASS OF 1961

Dr. James J. Cerda has been recently elected a member of the John Morgan Society of the University of Pennsylvania. A Gastroenterologist, Dr. Cerda serves as Chief of the Section on Gastroenterology of the University of Pennsylvania Department of Medicine, and U. S. Veterans Administration Hospital in Philadelphia. He also holds an academic appointment as Assistant Professor of Medicine at the University of Pennsylvania School of Medicine.

# Deaths

## CLASS OF 1897 P & S

Dr. William Richard Arthur, of 2627 S.W. 27th Avenue, Miami, Florida, died on October 20, 1969, at the age of 93.

## CLASS OF 1898

Dr. Charles J. Keller, who practiced in Baltimore for more than 60 years, died in his home at 222 West Monument Street in Baltimore on October 11, 1969. Dr. Keller lived at the same address from age 14, and practiced at that address until his death. He was 94.

## CLASS OF 1900 BMC

Dr. Wilmer C. Ensor, of 441 Swallow Drive, Miami Springs, Florida, died on October 4, 1969, at the age of 90. Dr. Ensor practiced for more than 50 years in the Cockeysville area in Baltimore County.

## CLASS OF 1901

Dr. Charles W. Gardner, of 49 Toilsome Hill Road, Bridgeport, Connecticut, died on July 6, 1969, at the age of 91.

Dr. William Madison Riley, of Mabscott, West Virginia, died on June 13, 1969, at the age of 91.

## CLASS OF 1908

Dr. Francis R. Wise, of 129 East Market Street, York, Pennsylvania, died on July 23, 1969.

## CLASS OF 1910 P & S

Dr. Walter D. Blankenship, of 31 Sunset Place, Lancaster, Pennsylvania, died August 16, 1969.

Dr. Herman Seidel, of 2404 Eutaw Place, Baltimore, Maryland, died on September 2, 1969, at the age of 85.

## CLASS OF 1911 P & S

Dr. Karl Haddon Trippett, of Grafton, West Virginia, died June 23rd, 1969, at the

age of 83. A native of Calhoun County, he originally began practice at Buckhannon, West Virginia, and later practiced in Mabscott, moving to Grafton in 1946 where he practiced until his death. A veteran of World War I, he was also a member of the staff of the Grafton City Hospital, Grafton, West Virginia; Broaddus Hospital, Philippi, West Virginia, and St. Joseph's Hospital, Buckhannon, West Virginia.

## CLASS OF 1914

Dr. Yates Middleton Barber, 84, a retired physician and orchardist of Warsaw, Virginia, died December 3, 1969.

Dr. Gilbert L. Dailey, of 618 3rd Street, Harrisburg, Pennsylvania, died on October 19, 1969.

## CLASS OF 1914 P & S

Dr. William P. Black, a retired Charleston surgeon and proctologist, died at the Mountain State Hospital in Charleston, West Virginia, on October 22, 1969. Dr. Black was 84.

A native of Greenbrier County, Dr. Black was one of the founders of the Mountain State Hospital, at one time serving as Treasurer. He also served as Kanawha County coroner and was president of the Kanawha County Board of Health. He was surgeon at the Atlantic Greyhound, the Charleston Transit Company, Libbey-Owens-Ford Glass Company and the Owens-Illinois Glass Company. He was a member of the American Proctological Society and was active in civic and fraternal organizations.

Dr. Richard O. Shea, of 25 Sanford Place, Bridgeport, Connecticut, died on April 10, 1969, at the age of 81.

## CLASS OF 1916

Dr. William J. Dillon, of 162 Maple Street, Springfield, Mass., died on July 5, 1969, at the age of 78.

Dr. Israel J. Feinglos, of 2002 E. Pratt Street, Baltimore, Maryland, died September 14, 1969, at the age of 74.

## ALUMNI ASSOCIATION SECTION

Dr. Fred Williams died at Memorial Hospital in Cumberland on October 24, 1969, at the age of 76. A former intern at the Baltimore City Hospitals, Dr. Williams saw active service with the British Army prior to the entrance of the U. S. into the conflict in 1917. For this, he was decorated by the late King George V.

A native of Keyser, West Virginia, Dr. Williams practiced medicine in Cumberland from 1921.

### CLASS OF 1917

Dr. Wheeler O. Huff, who practiced for more than 40 years in Montgomery County, died November 29th at his home at 4529 Maple Avenue, Bethesda, Maryland. Dr. Huff was 90.

A native of Harford County, Dr. Huff retired in 1948. He was the owner and operator of the Waverly Sanitarium, a home for the aged in Rockville, Maryland, until 1964.

### CLASS OF 1919

Dr. Lawrence D. Phillips, of 3301 Newport Gap Pike, Wilmington, Del., died on November 5, 1969, at the age of 77.

### CLASS OF 1920

Dr. Alfredo Comas y Calero died recently.

### CLASS OF 1924

Dr. Edwin M. Robertson, P. O. Box 1026, Durham, North Carolina, died recently.

### CLASS OF 1925

Dr. Lee William Elgin, Sr., of Tallahassee, Florida, died on October 7, 1969, at the age of 70. Dr. Elgin died at the home of his son, Dr. Lee William Elgin, Jr., a member of the Class of 1952.

A native of Baltimore, Maryland, and veteran of World War I, Dr. Elgin received his undergraduate education at the University of Indiana. After serving as an intern at the University of Maryland Hospital, he moved to Miami in 1926, serving briefly in the capacity of city physician.

Entering the private practice of Urology, Dr. Elgin retired in 1956, accepting the

directorship of the Venereal Disease Clinics of Dade County, Florida. An author of numerous scientific papers relating to venereal disease and urology, Dr. Elgin was also active in civic groups. Health forced his retirement in 1969.

Dr. Daniel London, 3050 Fairfield Avenue, Riverdale, New York, died on August 15, 1969.

### CLASS OF 1933

Dr. Bernard Daniel Lifland, of 811 Stuyvesant Avenue, Irvington, New Jersey, died on August 8, 1969, at the age of 61.

### CLASS OF 1935

Dr. Henry Eugene Barnes, Jr., of Box 687, Hickory, North Carolina, died on October 19, 1969.

### CLASS OF 1941

Dr. Margaret Virginia Palmer died at the Easton Memorial Hospital on November 11, 1969, after a brief illness.

Prominent as an internist in Talbot County, Maryland, and the daughter of the late Dr. William N. Palmer, she was not alone a practicing physician but was, as well, an accomplished psychologist, receiving her degrees in that subject from the Columbia University.

Virginia was born in Easton, Maryland, receiving her baccalaureate degree from Goucher College, later studying psychology at Columbia University in the graduate school. From college she joined the staff of the Bellevue Hospital and during the Lindbergh trial was assigned to question the convicted kidnapper, Bruno Hauptman.

Becoming interested in medicine, she completed her pre-medical requirements at New York University. Following her graduation from the School of Medicine, she served an internship and later was chief resident in medicine at the University Hospital in Baltimore. Her principal interests at that time were in thyroid problems. She did some of the original studies relating to the management of hyperthyroidism. At one time, she held the Hitchcock Fellowship, studying at Harvard University under Dr. Paul Dudley

White. Virginia was a resourceful, obviously competent and reliable person. Her record as resident at the University of Maryland Hospital stands as one of outstanding performance. Because of a shortage of physicians in her home town in Easton, she chose to forego what could have been a brilliant academic career to undertake internal medicine. Her death at 56 was a climax of almost 20 years of private practice.

CLASS OF 1943

Dr. Robert Franklin Keadle, 53, a general practitioner in Hagerstown, died Decem-

ber 1, at the Washington County Hospital.

A graduate of the University of North Carolina, Dr. Keadle served in the Navy during World War II. He retired because of ill health in August, 1968. Dr. Keadle was a member of the Washington County Medical Association, American Academy of General Practice, and the Maryland Medical and Chirurgical Faculty of Maryland.

CLASS OF 1953

Dr. Earl Stuart Huntley, Jr., of 7120 Biscayne Blvd., Miami, Florida, died on May 24, 1969, at the age of 49.



# BULLETIN *School of Medicine* *University of Maryland*

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I certify that the statements made by me above are correct and complete.

/s/ MRS. WILLIAM J. WISCOTT

# BULLETIN *School of Medicine* *University of Maryland*

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NUMBER 2

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## Perinatal Mortality at the University of Maryland Hospital

ARTHUR L. HASKINS, M.D.

A recent publication<sup>1</sup> sponsored by the Children's Bureau concerning a cooperative investigation by the Maternal and Health Computer Project indicated that in general few communities have achieved optimum survival levels for infants in the neonatal and postnatal period.

Review of the data presented indicated that the perinatal mortality rates for Baltimore City from 1956 to 1960 were 46.6 deaths per thousand total births. Although the nonwhite population contributed most significantly to the death rate, the white population also showed an inordinate number of deaths.

The mean decile nationally is 24.4 to 25.9 infant deaths per thousand total births. Baltimore City is in the ninth decile nationally. In comparing Baltimore City to other urban centers it was noted that infant mortality in Los Angeles was 31.7, San Francisco 31.3, St. Louis 41.6 and Philadelphia 43.1.

Since the obstetrical service at the University of Maryland Hospital is responsible for approximately 10% of the total

births in Baltimore City, a study was undertaken to identify factors that might be responsible for perinatal mortality at this institution.

All confinements at the University of Maryland Hospital from 1961 to 1965 were evaluated. There were 14,389 total births during this period. The infant mortality stillborn, neonatal and perinatal rates were calculated for the several gestational age groups beginning with 21 weeks and terminating with 41 weeks and over. Several complications of pregnancy which have been presumed to affect infant mortality rates were tabulated at the several gestational ages. Statistical significance of the data was assessed through Chi square analysis.

### Findings

The data is presented according to weeks of gestation because of the opinion that this is more representative of fetal maturity than fetal weight. In addition to this, in assessing maturity of the fetus prior to delivery, the period of gestation as indicated by the menstrual history, although sometime inaccurate, is certainly no less adequate than the guesses of fetal weight made by abdominal palpation.

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Department of Obstetrics and Gynecology of the University of Maryland School of Medicine, Baltimore, Maryland.



Since fetal mortality data are often referred to weight levels rather than periods of gestation, Table 1 is presented to provide correlation of gestational age with the observed fetal weight. The fetal weight in grams is displayed as the percentage occurrence of that weight at the given gestational age, e.g., at 37-38 weeks of gestation, 100% of the infants will weigh over 1500 grams and 90% will weigh over 2500 grams.

**Table 1. Fetal Weight in Grams According to Gestational Age Expressed as Percentage Occurrence**

Weeks	500+	1000+	1500+	2000+	2500+
21-24	100	41	20	13	10
25-28	100	48	23	12	6
29-32	100	93	78	55	18
33-34	100	99	96	91	77
35-36	100	100	99	95	84
37-38	100	100	100	98	90
39-40	100	100	100	99	94
41 +	100	100	100	100	95

In Table 2 the stillbirth, neonatal and perinatal rates at various periods of gestation are listed. It is at this point that identification of conditions responsible for increased fetal mortality are noted. The tremendous fetal wastage at 21-24 weeks of gestation decreases to a minimum loss at 39-40 weeks of gestation with a slight rise in the post-term pregnancy. Although the increase in fetal death rate in the

**Table 2. Fetal Mortality According to Gestational Age Expressed as Deaths Per 1000 Births**

Weeks	Stillbirth	Neonatal	Perinatal
21-24	451	353	804
25-28	487	248	735
29-32	132	88	220
33-34	23	26	49
35-36	12	15	27
37-38	8	9	17
39-40	7	7	14
41 +	8	12	20
Total	18	21	39

post-term fetus is not determined to be significant by statistical means in these data, previously published data<sup>2</sup> indicate that in our institution gestational ages beyond 42 weeks present a significant fetal hazard.

During the study period there were 540 preeclamptic toxemias of which 23 were diagnosed as severe preeclampsia. There were 16 eclamptic toxemias. There were no fetal deaths in the eclampsia group. Since significant variance could not be shown between the preeclamptic, mild and preeclamptic, severe, these were combined in a group and are shown in Table 3. The perinatal mortality was 42 per thousand births. There was relatively little variation in the several gestational ages in perinatal mortality between the toxemia group and the total patient population. There was a slight increase in stillbirth rate and a slight decrease in neonatal mortality rates with the total equivalent to that of the study group.

**Table 3. Fetal Mortality in Toxemia of Pregnancy Deaths Per 1000 Births**

Weeks	Stillbirth	Neonatal	Perinatal
21-24	1000	0	1000
25-28			
29-32	167	143	320
33-34	76	17	93
35-36	19	19	38
37-38	8	7	15
39-40	11	6	17
41 +	37	0	37
Total	28	14	42

There were 791 patients who were presumed to have hypertension unrelated to toxemia with 50 fetal deaths (Table 4). The perinatal mortality for the group was significantly higher ( $p = 0.05$ ) than the perinatal mortality in the total study population. The increased perinatal mortality was primarily the result of an increased number of stillbirths ( $p = 0.001$ ) throughout the several gestational ages

with the exception of the 41 weeks and over group in which no deaths occurred.

**Table 4. Fetal Mortality in Hypertension Deaths Per 1000 Births**

Weeks	Stillbirth	Neonatal	Perinatal
21-24	600	0	600
25-28	500	125	625
29-32	240	0	240
33-34	111	32	143
35-36	28	28	56
37-38	30	15	45
39-40	9	12	21
41 +	0	0	0
<b>Total</b>	<b>43</b>	<b>20</b>	<b>63</b>

In mothers with a diagnosis of hypertension with superimposed toxemia (Table 5), the perinatal mortality increased almost five times. There were, however, no neonatal deaths. All deaths occurred prior to delivery. The stillbirth rate of 158 per thousand is approximately eight times greater than the stillbirth rate in the general population ( $p = 0.001$ ).

**Table 5. Fetal Mortality in Hypertension with Toxemia Deaths Per 1000 Live Births**

Weeks	Stillbirth	Neonatal	Perinatal
21-24			
25-28	1000	0	1000
29-32	143	0	143
33-34	333	0	333
35-36	235	0	235
37-38	52	0	52
39-40	66	0	66
41 +	0	0	0
<b>Total</b>	<b>157</b>	<b>0</b>	<b>157</b>

Seventy patients were found to be diabetic and pregnant (Table 6). There were 14 fetal deaths in this group. The perinatal mortality was 200 per thousand births. Although there was a significant increase ( $p = 0.001$ ) in neonatal death rates, the greatest increase was in the stillbirths. It was interesting to note that there were no neonatal deaths after 34 weeks of gestation. There were no stillborns after 39 weeks. The latter figure is a reflection

of the policy of pre-term delivery of the diabetic. The neonatal death rate at 34

**Table 6. Fetal Mortality in Diabetes Deaths Per 1000 Births**

Weeks	Stillbirth	Neonatal	Perinatal
21-24	1000	0	1000
25-28	500	500	1000
29-32	833	167	1000
33-34	100	100	200
35-36	56	0	56
37-38	117	0	117
39-40	0	0	0
41 +	0	0	0
<b>Total</b>	<b>157</b>	<b>43</b>	<b>200</b>

weeks indicates that too early delivery of the diabetic mother with fetal immaturity results in neonatal death.

Twenty-six Rh sensitized mothers were delivered with two fetal deaths (Table 7). The perinatal loss was 76 per thousand. Each death occurred in the 29-32 gestational period. Although the numbers are not sufficiently great to provide significance, the data are in agreement with the previously expressed concepts concerning fetal wastage and erythroblastosis.

**Table 7. Fetal Mortality in Erythroblastosis Deaths Per 1000 Births**

Weeks	Stillbirth	Neonatal	Perinatal
21-24			
25-28			
29-32	250	250	500
33-34	0	0	0
35-36	0	0	0
37-38	0	0	0
39-40	0	0	0
41 +	0	0	0
<b>Total</b>	<b>38</b>	<b>38</b>	<b>76</b>

**Table 8. Maternal Disease and Total Fetal Mortality**

	Total	Deaths	Perinatal Mortality	Percent Total Mortality
All Patients	14,389	566	39	100.0
Premature	2,320	501	215	88.5
Toxemia	540	23	42	4.1
Hypertension	791	50	63	8.9
Hypertension and Toxemia	70	11	157	1.9
Diabetes	70	14	200	2.5
Erythroblastosis	26	2	76	0.3

### Discussion

Six areas of presumed fetal wastage due to complicating maternal disease were identified. These included toxemia of pregnancy, hypertension, hypertension with superimposed toxemia of pregnancy, diabetes, erythroblastosis and prematurity (Table 8). Significantly increased fetal wastage was noted in each of the categories with the single exception of toxemia of pregnancy. Toxemia of pregnancy without pre-existing hypertension did not impose a significant fetal risk. On the other hand, hypertension as a complicating maternal factor in pregnancy increased the perinatal loss due to an increased incidence of stillbirths, a problem not dissimilar from that seen in diabetes.

The superimposition of toxemia upon hypertension produced a marked increase in fetal mortality in the stillbirth category far in excess of normal population and in excess of uncomplicated hypertension. All of the deaths in this group occurred prior to delivery.

The fetal mortality in diabetes was the highest of the several groups described with predominant mortality occurring in the stillborn category. This manifestation of a hostile uterine environment is the primary reason for the commonly ac-

cepted procedure of the pre-term delivery of the diabetic. Too early delivery of the diabetic resulted in the only neonatal mortality in the diabetic group.

Complicating disease in the mother during pregnancy accounted for approximately 20% of the total fetal deaths that occurred in our series. These approximately 100 fetal deaths included 23 in the toxemia group which showed no increase over the average fetal loss. Prematurity occurred in 501 deaths and were 88.8% of the total mortality of the infants under study.

It is quite apparent from this study that, although diabetes, erythroblastosis, hypertension and hypertension with toxemia contribute to fetal wastage at the University of Maryland Hospital, no real change in fetal mortality rates will occur until significant improvement in the treatment or prevention of prematurity is accomplished.

### References

- <sup>1</sup> Infant and Perinatal Mortality Rates by Age and Color. Children's Bureau, Maternal and Infant Health Computer Project. January 1967, Washington, D.C.
- <sup>2</sup> Prolonged Human Gestation at University Hospital. HASKINS, A. L., and SCHALLENBERG, W., *Bull. Sch. of Med.*, 50, 61, 1965.





## MEDICAL SCHOOL SECTION

### *Dean's* **LETTER**

*Dear Alumni and Friends of the Medical School:*

In a previous letter to you I stated an intention to keep you informed of our efforts to resolve problems critical to the development of the School of Medicine. An area particularly in need of revision is that of the affiliation program and our relationship to community hospitals in general. Several factors have emphasized the need for change. As the School of Medicine looks to the '70s with proposals and revisions of the curriculum, it is vital that community hospital educational programs keep pace with these changes. The Millis Report has quite clearly designated to the nation's medical schools the responsibility for graduate medical education both within the university medical centers as well as within community hospitals. In addition, the evolution of the University of Maryland Hospital as a referral center for complicated medical and surgical problems has served to focus attention on its reduced capability to teach primary care. Finally, my attention to the affiliation program of our medical school has been further underscored by the fact that at least five community hospitals within the state presently not affiliated with the University of Maryland have indicated a desire for educational affiliation. Accordingly, I have asked Dr. Morton I. Rapoport and Dr. Robert Evans to head a team of faculty members, many of whom are in community hospitals, to help me formulate and institute a modernized and uniform program of community hospital affiliation.

I believe that strong community hospital affiliations are based on high quality patient care and a viable continuing education program. Both of these represent a major commitment to education by the community hospital; nevertheless, there can be no compromise. The intention of the School of Medicine will be to consolidate and establish institutional affiliations wherever possible. Single departmental affiliations have proved ponderous and inconsistent in their performance, so that institutional or multi-departmental affiliation will be our major thrust in the future. While differences in educational commitment and capability will require flexibility in a program of this nature, it is axiomatic that educational programs must pre-exist within the community hospital prior to affiliation.

At this point discussions involving my staff, the faculty, and a number of community hospitals throughout the state are exploring how best to achieve the above stated goals. I have been impressed with the willingness and the energy with which interested community hospitals have proceeded. In regard to existing affiliations, it is not the medical school's intention to unilaterally abrogate or renegotiate previous agreements. However, it has become apparent that certain aspects of these affiliations are in need of modernization and expansion. I will continue to keep the alumni informed of developments in this area.

Sincerely yours,

JOHN H. MOXLEY, III, M.D.  
*Dean, School of Medicine*

# *Faculty*

## **NOTES**

### **Macy Foundation Helps Minority Students Prepare for Medical Careers**

Thirty-one medical schools, approximately one-third of the nation's total, are receiving financial support for programs to prepare minority group students for careers in medicine from the Macy Foundation of New York, it was announced recently by Dr. John Z. Bowers, President of the Foundation.

At a meeting of the Foundation's Board of Directors, Dr. Bowers stated, "The pressing need is to enlarge the pool of qualified applicants. It is encouraging to note that medical schools are now actively recruiting minority group students from both southern and northern institutions." He also noted that although still far below the 11 per cent of black physicians needed to bring the number to parity with the percentage of Negroes in our society, progress was evident. The enrollment of black students in medicine has increased from 873 in 1968 to 1,042 in 1969 . . . a percentage increase from 2.18 to 2.75 of the total enrollment. Even more encouraging was the number of black students in the first year medical school classes had increased from 266 in 1968 to 440 in 1969. This was a percentage increase from 2.69 per cent to 4.24 per cent.

The Macy Foundation makes various types of grants to medical schools across the country covering various periods of time, depending upon the types of programs and the degrees of resulting success.

In the past 2 years the Macy Foundation has awarded "development" grants to 24 medical schools to recruit black students. The Foundation is now selecting schools for a long term support. Among the many grants given in the summer of 1965 was a pilot summer program supported by the Macy Foundation during the summer of 1969. Seven black seniors from Morgan State Col-

lege received instruction in chemistry, biology, physics and mathematics to complement their college training. Students of the School of Medicine did most of the teaching. In the summer of 1970, the Johns Hopkins University School of Medicine has joined the University of Maryland in a cooperative summer program which will be supported by the Macy Foundation through a 3-year grant totaling \$105,000,00.

It was announced at a recent Faculty Board Meeting that during the summer of 1970, a program funded by the Macy Foundation will include 8 disadvantaged chosen to attend the School of Medicine and 17 undergraduates (applicants at this time). The curriculum plan for the summer of 1970 will be more demanding than that offered in 1969. Instructors will consist of 5 Maryland students, 3 Hopkins students and Drs. Ramsay from the University and Yardley from Johns Hopkins Hospital.

### **William T. James Named to Ambulatory Services**

Dr. George H. Yeager has announced the appointment of Mr. William T. James, formerly of the staff of the Johns Hopkins Hospital, as Assistant Director (University of Maryland Hospital) for Ambulatory Services.

Mr. James will work with Dr. William Spicer, Associate Dean, in developing and implementing new directions and dimensions in the hospital's ambulatory care programs.

### **Received Award**

Dr. Frederick K. Bell, of the Department of Pharmacology and Cell Biology and a faculty member since 1936 at the School of Medicine in Baltimore, received the Distinguished Scientist Award of the Omicron chapter of the RHO Chi Pharmaceutical Honor Society on January 20. Born in Cincinnati, Ohio, Dr. Bell received the A.B. degree from Johns Hopkins University in 1916 and the Ph.D. degree in chemistry in 1920. He joined the staff of John Jacob Abel at the Hopkins medical school in 1921, and assisted in isolating and characterizing crystallin

insulin. In Abel's laboratory, he also did pioneer work on infrared absorption spectra of sulfur compounds, foreshadowing one of today's most useful analytical tools.

### **Animal Farm Now Fully Accredited**

The American Association for Accreditation of Laboratory Animal Care has announced the approval of the animal farm of the School of Medicine for accreditation. The University of Maryland thus joins some 119 animal facilities which have been thus certified. Dr. Leslie Burrows, Chairman of the Association's Board of Trustees, stated in part that the program and the scientific community's professed need for self-regulation in the humane treatment of laboratory animals now offers a mechanism for control and self-regulation. Legislation does not cover all areas of the humane handling and care of laboratory animals relating to experimental medicine. The leadership taken by the AAALAC will undoubtedly influence the nature of future legislation.

### **Faculty Promotions and Appointments**

Dean John H. Moxley, III, has announced the following new appointments to the faculty of the school of medicine covering a period from September, 1969, through January 1, 1970.

Alice W. Jordan, Assistant in Pediatrics (part-time); Prasarn Nilprabhassorn, M.D., Instructor in Radiology; Robert F. DeBusk, M.D., Instructor in Medicine (part-time); Ronald E. Gillilan, M.D., Instructor in Medicine (part-time); Michael Gospe, M.D., Instructor in Medicine (part-time); John H. Hammann, M.D., Instructor in Medicine (part-time); Karl E. Hammermeister, M.D., Instructor in Medicine (part-time).

Also, Robert A. Hartley, M.D., Instructor in Medicine (part-time); Vilis E. Kilpe, M.D., Instructor in Medicine (part-time); Henry I. Babitt, M.D., Instructor in Medicine (part-time); Earl Clayton Davis, Jr.,

M.D., Instructor in Otolaryngology; Trudy Elsmore, Ph.D., Instructor of Cell Biology & Pharmacology; Lindsay W. Black, Ph.D., Assistant Professor of Biological Chemistry.

Also appointed are Simon H. deBruin, Ph.D., Research Associate in Biochemistry; Ronald N. Kornblum, M.D., Clinical Assistant Professor of Forensic Pathology (part-time); Francine Camitta, M.D., Associate in Medicine (part-time); Fima N. Lifshitz, M.D., Assistant Professor of Pediatrics; Salvatore Raiti, M.D., Associate Professor of Pediatrics; Jerome Styr, M.D., Associate Clinical Professor of Psychiatry; Yolande Czernichow, Fellow in Psychiatry (part-time).

The Dean's Office of the School of Medicine has announced the following appointments and promotions: Edward L. Sherrer, Jr., M.D., Clinical Assistant Professor of Pathology; Virginia L. Ault, M.D., Assistant Professor in the Departments of Pediatrics and Psychiatry; William Dixon, M.D., Assistant Clinical Professor of Psychiatry; Henry P. David, Ph.D., Clinical Associate Professor of Psychiatry.

### **Named Editor of New Journal**

Dr. Robert G. Grenell, Professor of Neurobiology and Physiology in the School of Medicine, has been named Editor of a new JOURNAL OF NEUROSCIENCE. Introducing this new Journal, Dr. Grenell said in part, "A few years ago, Ralph Gerard pointed out that it is important that 'biologists be encouraged to view broad thinking about their problems as highly desirable rather than as somewhat suspect or positively degrading'. It has become apparent that the organization, content and approaches to biology include, or are derived from and analyzed by the concepts and techniques of physics, chemistry and mathematics. As a result, the practitioners of these latter disciplines also have had to broaden their thinking, by way of applying it to the problems of living organisms. Problems of the nervous system, in particular, have lent themselves to this interdisciplinary attach, with the



ultimate aim of the clarification of those mechanisms by which the living organism copes with its internation and external environments, so as to behave in a way appropriate for its maximum function and survival. *It is this basic philosophy that has provoked the birth of the JOURNAL OF NEUROSCIENCE.*"

The JOURNAL OF NEUROSCIENCE will publish papers, reviews, letters to the editor, comments and notes concerned with problems of nervous tissue, the nervous system and behavior at any level. The first issue will appear in the summer of 1970.

### Historic Steps

When the University Hospital, now known as the Outpatient Department, was constructed, the original granite steps of the old Baltimore Infirmary were included in the then new structure. Since that time a "new" University Hospital has been constructed

(1934) and of late a brand-new North Hospital addition rises on a site between Baltimore and Redwood Streets.

The steps of the old Baltimore Infirmary shown in the illustration still bear the holes of the original iron railing now plugged with lead. With plans already under way for the razing of the Outpatient Building to make room for additions to the Student Union, the destiny of this historic vestige becomes an item of immediate concern.

These steps which have seen more than a century and a half of medical progress could well be incorporated in some new edifice of the School of Medicine as a reminder that in medicine, the past is a part of the present and usually points to the future. The historic value of this structure, once preserved and now again about to be moved, is a reminder that the Baltimore Infirmary of which they were once a part was the first Hospital in America owned by a School of Medicine and expressly built for the education of medical students.



Granite steps at entrance to old hospital (Outpatient Department Building).

## Correspondence

### Faculty Control of the School of Medicine

Some remarks in the July, 1969, issue of the *Bulletin* suggest that there is a general lack of appreciation of the importance of faculty control over those important aspects of the operation of the School of Medicine such as admissions, curriculum, and appointments and promotions of the faculty. The Medical Alumni Association has approved a motion to allow its officers the prerogative of: "1. Communicating opinions and criticisms to the officials of the University of Maryland and State of Maryland, and 2. Attempting to influence, when it seems appropriate to, affairs of the School of Medicine, actions of officials of the University of Maryland and State of Maryland, and 3. Distributing literature, reprints, etc. to legislators, administrators, faculty, house officers, students, and/or alumni when it seems an appropriate purpose would be served."

No one will question the right of any organization to express its opinions either to political authority or to a University. However, the application of political pressure to curb academic freedom is cause for much concern. A good deal of experience over more than a century has shown the need to insulate universities from political authority and the almost universal response to this recognized need has been the creation of boards of regents who legally own and operate state universities. Such boards ought not, in theory, to be sensitive to political pressure by a particular state administration and usually they are not. Thus, appeals to the governor of a state against a course of action by a university are an attempt to circumvent the freedom provided by law for a university to operate without political control.

The regents of a university have carefully circumscribed functions: these are primarily to select a president as chief operating officer and to pass on the budget that the university proposes to present to a session of the legislature. A university is not, however,

a purely bureaucratic organization with a chief executive and a hierarchy of lesser administrative officers. The faculty of tenure rank are employed by a contract with the regents which makes it impossible to dismiss a faculty member except for specified causes; these do not include disagreeing with the administration, regents or with political authority. Such a contract has not been easy to obtain. It has been given because of a recognition by the public that a faculty, whatever its faults, is still the best judge of what is to be taught, who is qualified to be taught, and who is qualified to join the faculty. Such matters cannot be decided by a Dean, a President, the Board of Regents, or by the Governor; indeed it is inconceivable that any of these individuals would attempt to influence matters that so clearly are in the realm of faculty decisions.

Much of the worry by the Alumni Association about the stability of faculty government no doubt arises from recent examples of student anarchy on a variety of campuses. I think that such worry is premature for the following reasons: the faculties of American universities have been doing serious battle for academic freedom for more than a century. Mostly this conflict has been directed toward regents and university administrators; more importantly, it is a battle that has been won. Students have not in the past been considered a threat to academic freedom; when they are perceived to be, I am quite certain that the faculties will resist as strongly any encroachment upon their powers by students. It is not that a faculty is interested in power for power's sake, it is rather that it cannot surrender control over admissions, appointments and curriculum to others and remain a faculty. It is entirely proper for students, alumni, administration, and the public to try to persuade the faculty to a point of view; once a decision has been reached, however, it is improper to suggest that appeals to a Dean, the President of the University or the Governor are in order. They are not. The Medical Alumni Association enjoys a special advantage in that it has representation on the Faculty Board of the School of Medicine. Views of the

alumni can therefore be given detailed consideration by the faculty but we can no more allow alumni to dictate policy to the faculty than we can students, administration or any other group.

Since I have been talking about the faculty, I would be remiss if I did not say something about them. Dr. Mosberg, in the July issue of the *Bulletin*, has classified some of the faculty in four "capitulation categories"; no doubt we have a few in these categories but I judge them not to be numerous. More commonly, we have individuals with a certain technical expertise who do not believe that we have the best possible curriculum, admissions policy, or schemes for appointment; they are people willing to experiment and to innovate. They do not believe that anyone has a monopoly on new ideas; hence they are willing to listen to students and to alumni. They do not capitulate, but they may agree. There is no question in my mind that the faculty is dedicated to a meritocratic system for the admission and advancement of students—the problem lies in deciding how to judge merit. An experiment is presently underway to see if non-academic criteria of merit can be used for the admission of some students. Understandably, this decision of the faculty has caused considerable distress to many individuals associated with the school (I voted to oppose the proposal mainly because it would increase the number of students without a corresponding increase in school funds). But it is an experiment, and I recognize the right of the faculty to carry out experiments. After some years of evaluation we will be in a much better position to argue about the utility of any real changes in admissions policy.

Meanwhile, alumni can perform important functions for the School of Medicine including student recruiting, advising on patient care facilities, engaging in experiments in a student's clinical training and a host of other projects that are sure to develop as curricular reform proceeds. Many of these arrangements will be perceived to be mutually advantageous to both alumni

and faculty and they will work because of this. It is hoped that alumni will also respond to requests for help in enriching the learning environment of the School even though, at times, the faculty rejects well meant alumni advice.

Faculty government of the School of Medicine has not in the past always been as strong as it might have been—even now it needs strengthening and the Alumni Association can use its influence to great advantage in seeing that faculty governance of the School is strengthened. One must admit that it takes rare strength of character to support increasing faculty influence when one has reservations about faculty government. In the long run, however, there is no alternative—a strong faculty government leads to a strong faculty.

L. J. MULLINS, M.D.

## Division of Dermatology

Dr. Joseph W. Burnett, Associate Professor of Dermatology, and Dr. Harry M. Robinson, Jr., Professor and Head of Dermatology, will each present papers at the Meeting of the American Medical Association to be held in June this year.

Dr. Joan Raskin is actively engaged in studies "On Immunofluorescence."

Dr. Joseph Burnett has continued his original work on "Jellyfish Toxin."

Dr. Burnett, Dr. Stone and Dr. Goldner, of the Division of Dermatology, won the second award for original work at the Meeting of the American Academy of Dermatology in Chicago in December, 1969.

The HEW sponsored project on "Rehabilitation in Dermatology", under the direction of Harry M. Robinson, Jr., has achieved an astounding success rate. It is the only one of its kind in the United States. Success in rehabilitation of patients with chronic skin eruptions into education,



former jobs, or new positions has reached 70%. The operation of this facility has been responsible for removing patients from welfare rolls into places where they could seek economic independence.

**Dr. Ronald Goldner**, who completes his training in dermatology at the University of Maryland this year, will spend the next two years in the Air Force after which he will return to a faculty position in dermatology at the University of Maryland.

**Dr. Ken Hashimoto**, who received his dermatology training at the University of Maryland, is now the world authority on electronmicroscopy. He has published two books on this subject. He is now assistant professor of Dermatology at the University of Tennessee.

**Dr. Uriwan Nawachinda**, a former resident in dermatology at the University of Maryland, returned to her native Thailand where she is Chief of Dermatology in the Siriraj Hospital.

**Dr. Mouta Al-Dilaimy** will return to his native Iraq where he will also assume a position of responsibility in teaching dermatology.

**Dr. Louis E. Harmon** continues to carry on in the work of histopathology in dermatology which was vacated by the death of **Dr. Ellis**.

### **Committee on Continuing Medical Education Announces Visiting Traineeship Program**

**Dr. Ephraim T. Lisansky**, Chairman and Director of the Program on Continuing Medical Education, has announced an extensive in-service program covering many varied specialties and subjects, a program currently available for the graduate physician, highly flexible and being designed to expose the practicing physician to the most current concepts in the practice of medicine, surgery and their various specialties.

The physician will participate in the department's routine scheduled program of

Rounds, Clinics and Conferences. No alteration in the departmental routine will be made to formalize the program into a specific postgraduate course. The enrollee will, however, be the guest of the division or department with which he affiliates. Ample allowance of time will be made for collateral reading in the privacy of the library and for attendance at Chief of Service Rounds, Resident Rounds and Grand Rounds, if desired.

Each program is individually designed where possible. Such programs are formulated after a personal interview with the Director, or Assistant Director, of the Committee on Continuing Medical Education, and the Department or Division Head under whose supervision the trainee or enrollee will work. However, if a personal interview is inconvenient because of geographical distance, applications will be considered by appropriate correspondence.

Minimum enrollment is one week (5 days). Longer periods may be arranged with approval of the Chairman of the Committee on Continuing Medical Education and the Head of the department or division involved.

The Visiting Traineeship In-Service Program allows for cross-disciplinary visiting, or the entire period may be allocated to one specific subject or medical problem. This program, therefore, offers a variety of possibilities that may allow a profitable and rewarding experience.

Application blanks may be obtained by addressing Mrs. Elizabeth B. Carroll, Executive Secretary, Committee on Continuing Medical Education, University of Maryland School of Medicine, 21201, or by calling (301) 955-7346.

The following programs are offered. Inquiry concerning the nature of the program should be made directly to the physician whose name appears below the subject.

#### **ANATOMY:**

Frank H. J. Figge, Ph.D.

#### **ANESTHESIOLOGY:**

Martin Helrich, M.D.

#### **BIOLOGICAL CHEMISTRY:**

Elijah Adams, M.D.

**BIOPHYSICS:**

Lorin J. Mullins, Ph.D.

**CELL BIOLOGY & PHARMACOLOGY:**

H. V. Aposhian, Ph.D.

**INTERNATIONAL MEDICINE:**

Fred R. McCrumb, M.D.

**MEDICINE:**

Theodore E. Woodward, M.D.

**Arthritis & Rheumatology:**

Werner Barth, M.D.

**Bacteriology & Serology (Clinical):**

Merrill J. Snyder, M.D.

**Biochemistry (Clinical):**

Jason M. Masters, Ph.D.

**Cardiology:**

Leonard Scherlis, M.D.

**Chronic Illness: Rehab. of stroke, spinal cord injury, arthritis, the cardiac and general medical problems.**

Francis J. Borges, M.D.

**Dermatology:**

H.M. Robinson, M.D.

**Diabetes:**

Chas E. Shaw, M.D.

**Endocrinology & Metabolism:**

Thomas B. Connor, M.D.

John G. Wiswell, M.D.

**Family Medicine:**

William L. Stewart, M.D.

**Gastroenterology:**

Howard F. Raskin, M.D.

**Hematology & Blood Bank:**

Carroll L. Spurling, M.D.

**Hypertension & Renal Disease:**

Glenn D. Lubash, M.D.

**Infectious Diseases:**

Richard B. Hornick, M.D.

**Pulmonary Diseases:**

David Simpson, M.D.

**Radioisotopes:**

Jos. B. Workman, M.D.

**MICROBIOLOGY:**

Chas. L. Wisseman, M.D.

**NEUROLOGY:**

Erland Nelson, M.D.

**OBS-GYN:**

Arthur L. Haskins, M.D.

**OPHTHALMOLOGY:**

Richard D. Richards, M.D.

**PATHOLOGY:**

Robert B. Schultz, M.D.

**Neuropathology:**

John A. Wagner, M.D.

**PEDIATRICS:**

Marvin Cornblath, M.D.

**Children's Evaluation Clinic:**

R. L. Clemmens, M.D.

**Community Pediatric Center:**

Ray Hepner, M.D.

**PHYSIOLOGY:**

Wm. D. Blake, M.D.

**PREVENTIVE MEDICINE:**

Geo. Entwisle, M.D.

**Physical Medicine and Rehabilitation:**

Paul F. Richardson, M.D.

**PSYCHIATRY:**

Eugene B. Brody, M.D.

**Grad. Psy. Training:**

Russell R. Monroe, M.D.

**Adult Out-pt. Psy.:**

Herber S. Gross, M.D.

**Child Psychiatry:**

Frank T. Rafferty, M.D.

**Liaison Psychiatry:**

Virginia Huffer, M.D.

**RADIOLOGY:**

John M. Dennis, M.D.

**RADIOTHERAPY:**

Morris J. Wizenberg, M.D.

**SURGERY:**

Robert W. Buxton, M.D.

**Neurosurgery:**

James G. Arnold, M.D.

**Orthopedic Surgery:**

Geo. N. Austin, M.D.

**Otolaryngology:**

Cyrus L. Blanchard, M.D.

**Thoracic Surgery:**

R. Adams Cowley, M.D.

**Urology:**

John D. Young, M.D.

## Reconstruction of Davidge Hall— A Long Range Plan

In 1943, Davidge Hall, the oldest medical school building in the nation still in use, appeared to be headed for ultimate abandonment and eventual destruction. A bold move by Dean Robert U. Patterson, and at the risk of overspending the school budget, (which he did), had some 7 coats of red paint sandblasted from the hall; had it repainted inside and refurbished with some new lighting fixtures. An alumni-faculty room was created on the second floor. The regime of Dr. William S. Stone added other improvements such as the installing of paintings along the main stairway, the removal of the old blackboards in Chemical Hall, the installation of a sprinkler system and much new lighting. The Dean's office was completely renovated. New flooring of a colonial type was installed, yet maintaining the original flooring. By 1970, the building stands with a new copper roof, structurally much improved but yet far from a restoration to its 1813 appearance.

Dean John H. Moxley, III, in collabora-

tion with the Medical Alumni Association and its restoration committee headed by Dr. John O. Sharrett has undertaken the task not only of restoring Davidge Hall, but also to enroll this venerable and historic edifice among the priceless historic buildings, of the City, State and Nation. Bills acknowledging the historic nature of Davidge Hall have been introduced in the Baltimore City Council and in the legislature of Maryland. These bills would set aside the land and the building forever as a historic landmark not subject to the encroachment of commerce, industry or government. It is hoped that

Davidge Hall will ultimately be declared a national historic site by the Department of Interior.

In the meanwhile, small but definite stages toward complete restoration are being taken. First and foremost is the restoration of the facade. Sometime ago the words "University of Maryland School of Medicine" and the Roman numeral 1807 had been painted over. Dean Moxley has arranged for the restoration of the name and date as a first stage of restoration. Davidge Hall with its "new" look (which is the way it has always looked) is presented herewith.

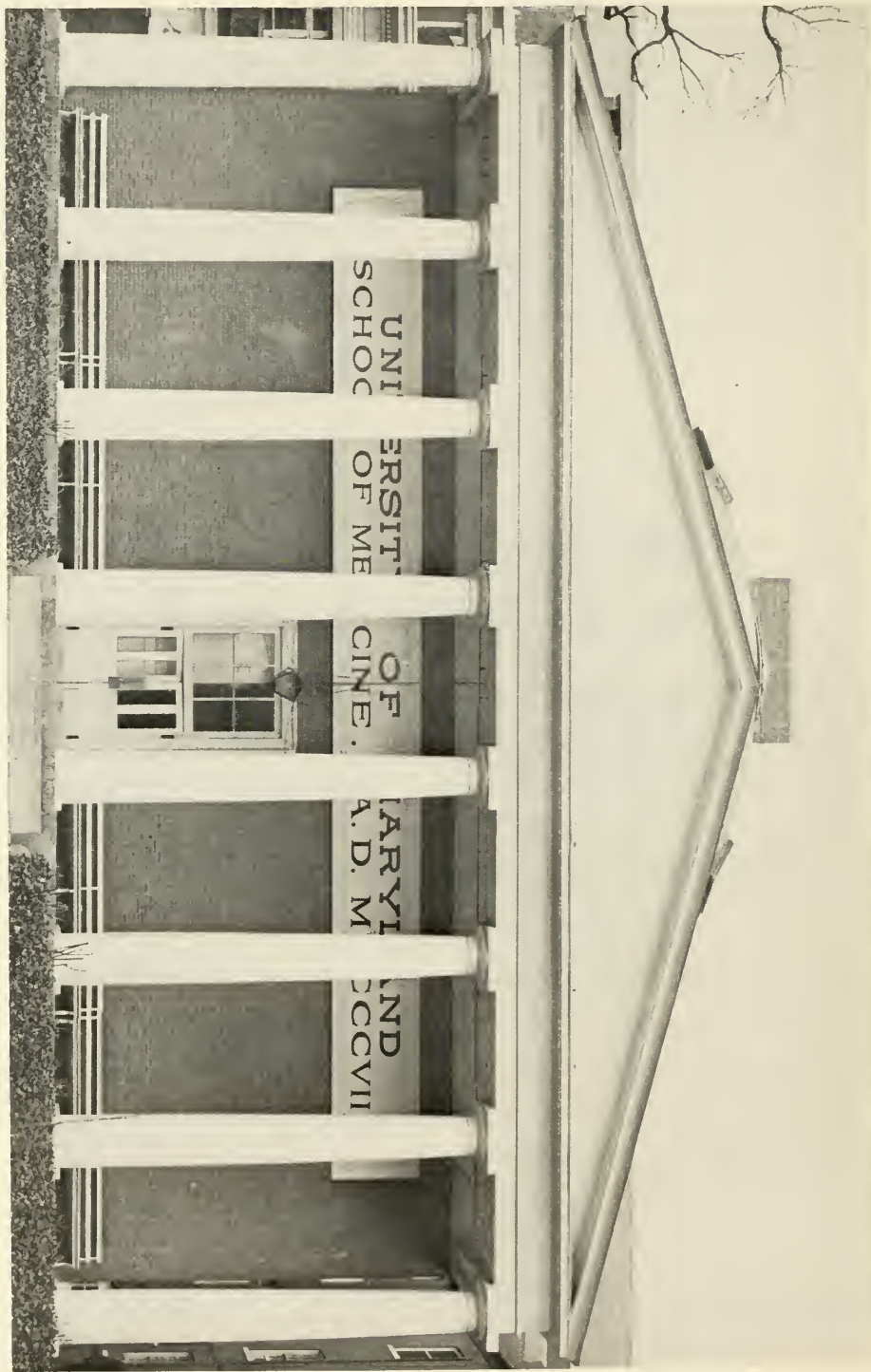
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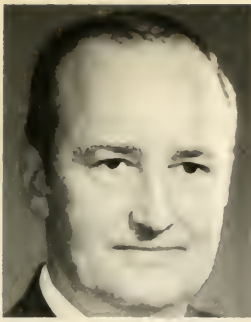
All members of the Faculty who are not members of the Medical Alumni Association and other friends of the Medical School are invited to subscribe to the BULLETIN. The subscription fee is \$3.00 per annum, postpaid. Make check payable to the University of Maryland and mail it to

DR. JOHN A. WAGNER  
31 S. GREENE ST.  
BALTIMORE, MD. 21201





Davidge Hall—January, 1970. The original lettering has been restored.



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## ALUMNI ASSOCIATION SECTION

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### President's Letter

Dear Fellow Alumni,

#### OFFICERS

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*ex-officio*

LEWIS P. GUNDRY, M.D.,  
*ex-officio*

My year as President is swiftly coming to an end and it is with deep regret that it was curtailed. Unfortunately I have not been as active as I had planned, but I want you to know that the organization of the Board of Directors ran smoothly during my temporary absence. I had their full support and cooperation throughout the year. Col. O'Brien has proven to be a great asset to our organization and to him goes much credit for our continued improvement.

Plans for Medical Alumni Day, Thursday, June 4, have been completed and from all indications the program points to a most pleasant and rewarding time. I sincerely hope that all of you will be able to attend.

The Restoration Committee for Davidge Hall is preparing a brochure explaining the history and plans for its restoration. We hope, very shortly, to have an Architect who will be reviewing the building preparatory to returning it to its former glory.

At the last annual business meeting of the Alumni Association on June 5, 1969, an amendment was unanimously approved increasing dues to \$20. This modest increase was considered appropriate in order to provide sufficient funds for the work of becoming more active in the affairs of our school and for the continued building of a smoother functioning association.

I wish at this time to express my gratitude to the Officers and Board of Directors of the Medical Alumni Association and to all of you who have so willingly helped when called upon throughout the year. I offer my very sincere congratulations to Dr. Theodore Kardash, my friend and associate for many years, on his upcoming term of office. May he have your continued support and a most successful year.

It has been an honor and a pleasure to serve as your President and I would like to thank each and every Alumni Member for their constant assistance to the Medical Alumni Association.

Looking forward to seeing you on Alumni Day.

Sincerely,

WILFRED H. TOWNSHEND, JR., M.D.  
President  
Medical Alumni Association



## **A. H. Finkelstein to Receive 1970 Alumni Gold Key**

To more than a generation of former medical students and faculty, the name Abraham Harry Finkelstein is synonymous with the University pediatric out-patient department, the Department of Pediatrics and particularly of a familiar quotation "those cute little preemies." Respected and admired by students and faculty, Dr. Finkelstein, better known as "Finkey," has been nominated to receive the Alumni Association's Honor Award and Gold Key to be presented at the formal meeting of the Association on June 4, 1970. Dr. Finkelstein will be presented for the award by Dr. Wilfred H. Townshend, Jr., Associate in Medicine and President of the University of Maryland Medical Alumni Association.

Dr. Finkelstein's career has been a devoted one, exclusively limited to pediatrics, interest in the School of Medicine, and a long career which has enabled him to enjoy a wealth of experience in clinical problems and medical organization for which he is preeminently known. Professional friends and colleagues have constantly turned to him for advice and he has responded with enthusiasm, competency and with a broad knowledge of his specialty. His most recent task in which he distinguished himself was his part played in the nomina-

tion of Dr. Marvin Cornblath, Head of the Department of Pediatrics, who succeeded Dr. J. Edmund Bradley after his retirement.

Dr. Finkelstein is a native of Odessa, Russia, immigrating to the United States at an early age. His early education was obtained in New Jersey, coming to Baltimore in 1923 to enter the School of Medicine. Following his graduation in 1927 he was awarded the honor of being the first intern in Pediatrics at the University of Maryland Hospital, serving for 2 years under Drs. Summers and Joslin.

His first real challenge came in 1929, when he was named resident in Pediatrics at the Eudowood Tuberculosis Hospital. His interest in diseases of the chest in children and particularly in childhood pulmonary tuberculosis rapidly developed. Within a year he was named Director of the Children's Hospital at Eudowood.

Dr. Finkelstein soon became a recognized authority on childhood tuberculosis. During that period it was his custom to devote a part of each year to graduate study in chest diseases. During this 6-year interval, he studied under such authorities as Opie, McPhedron and Marriott. In 1954, it be-



## ALUMNI ASSOCIATION SECTION

came evident that modern methods of tuberculosis control were gradually rendering sanatorium care obsolete. To him it was evident that Eudowood would soon close. He then became active in transferring the assets of the Eudowood Hospital to the Department of Pediatrics at the Johns Hopkins Hospital. He was named to the faculty of the Department of Pediatrics, serving first as consultant on problems of childhood tuberculosis and later as an Assistant Professor of Pediatrics, a post he held until his retirement in 1968, when he was named Assistant Professor, Emeritus.

Perhaps his greatest contribution to the School of Medicine has been the organization and directorship of the out-patient pediatric department which is indelibly stamped with his enthusiasm and organizational competence. In this field, he is still preeminently active. As a teacher, hundreds of students will remember his clinics in Gordon Wilson Hall preceded by the arrival of crib and nurse, a period of silence, the quickly opened door and his dynamic figure capped by a shock of flaming hair. Some-

times with a degree of facial lividity and a rising vocal crescendo, he would assail the otherwise post-prandial lethargic student with some piercing statement on "those little preemies" of which he was so extremely fond. His approach to the infant, however, was quiet and serious, coupled with gentleness and understanding, returning only to the piercing voice when emphasis to the student was in order. His presentation thus provided a challenge. In the 30's, Dr. Louis H. Douglass, then Professor of Obstetrics, named him consultant to the newborn nursery.

Thus, on the 4th of June, 1970, in the 43rd year of his practice, the Medical Alumni Association, noting with extreme pleasure the achievements, the accomplishments, the professional skill of this children's doctor, desires to recognize him, to congratulate him upon an enviable career and to present him the highest award of his fellow graduates, the Honor Award and Gold Key for 1970, given in recognition of outstanding contributions to medicine and distinguished service to mankind.

## Maryland Medical Reunion June 3rd, 4th, and 5th, 1970

Dr. Wilfred H. Townshend, Jr., President of the Medical Alumni Association, has announced the details of the annual reunion and scientific session of the Medical Alumni Association to be held on the campus June 3rd, 4th & 5th, 1970. A Committee headed by Dr. Henry H. Startzman, Jr., has prepared an exciting and interesting program which will begin on Wednesday, June 3rd, at 8:30 p.m., in the Caswell Room of the Lord Baltimore Hotel. At this time, a reception will be hosted by the Medical Alumni Association, the University of Maryland Surgical Society, the University of Maryland Medical and Hospital Association, the Douglass Obstetrical and Gynecological

Society of the University of Maryland and the Bradley Pediatric Society of the University of Maryland.

On Thursday, June 4th, the program will begin with registration at 8:30 a.m. on the first floor of Davidge Hall. A continental breakfast will be available. The scientific session will begin at 9:30 at which time an account of the progress of individual departments of the school will be offered by the respective department heads preceded by an address by Dean John H. Moxley III, who will also be introduced to the Medical Alumni Association at this time. Other participants in the 9:30 a.m. program are as follows:

George Yeager, M.D.

Director Professional and Supporting  
Services, University of Maryland Hos-  
pital

Robert B. Buxton, M.D.

Professor and Chairman, Department  
of Surgery

Theodore E. Woodward, M.D.

Professor and Chairman, Department  
of Medicine

Marvin Cornblath, M.D.

Professor and Chairman, Department  
of Pediatrics

Arthur L. Haskins, M.D.

Professor and Chairman, Department  
of Obstetrics and Gynecology

Eugene B. Brody, M.D.

Professor and Chairman, Department  
of Psychiatry

The business meeting of the Medical Alumni Association will be highlighted by the presentation of the Annual Alumni Honor Award and Gold Key to Dr. Abraham Harry Finkelstein, Professor of Clinical Pediatrics of the School of Medicine and a member of the Class of 1927. The customary Elections, Committee and Treasurer's reports will follow. A complimentary luncheon will be served in the gymnasium of the Psychiatric Institute (5th floor University Hospital) at 12:45 P.M.

The afternoon of June 4th will be devoted to individual class functions. The following have been named class captains:

1925 Thomas B. Turner, M.D.

1930 Marius P. Johnson, M.D.

1935 Harry M. Robinson, Jr., M.D.

1940 Conrad L. Richter, M.D.

1945 Vincent D. Fitzpatrick, M.D.

1950 Henry H. Startzman, Jr., M.D.

1955 Joan Raskin, M.D.

1960 Jerome Ross, M.D.

1965 Larry A. Snyder, M.D.

The evening of June 4th will feature a cocktail party in honor of the graduates of the Class of 1920 to be held in the Florentine Room of the Lord Baltimore Hotel. They will be honored guests of the Alumni Association. Members of the Class of 1920 are as follows:

PHILBERT ARTIGIANI, M.D.

2305 Mayfield Ave., Baltimore, Md. 21213

ADOLFO BERNABE, M.D.

771 Howard St., Rio Piedras, P.R. 00927

CHARLES L. BILLINGSLEA, M.D.

124 Willis St., Westminster, Md. 21157

CLAUDE BURTON, M.D.

P.O. Box 867, Lake City, Fla. 32055

LOUIS C. DOBIHAL, M.D.

447 N. Kenwood Ave., Baltimore, Md. 21224

Z. VANCE HOOPER, M.D.

3534 Ellerslie Ave., Baltimore, Md. 21218

ALBERT H. JACKVONY, M.D.

280 Norwood Ave., Cranston, R.I. 02905

A. MANUEL JANER, M.D.

316 Jaen St., Rio Piedras, P.R. 00923

JAMES P. KINNEY, M.D.

338 Glenhurst Ave., Tonawanda, N.Y. 14151

SALEM W. KOUREY, M.D.

Upper Cross Rds., Fallston, Md. 21047

WALDO KNOX MCGILL, M.D.

104 Pressly St., Clover, S.C. 29710

WILLIAM J. B. ORR, M.D.

4050 Ocean Dr., Lauderdale, Fla. 33308

DANIEL J. PESSAGNO, M.D.

Medical Arts Bldg., Baltimore, Md. 21201

J. MORRIS REESE, M.D.

305 Morris Ave., Lutherville, Md. 21093

RHEA RICHARDSON, M.D.

1445 Oglethorpe St., Macon, Ga. 31201

HENRY SHEPPARD, JR., M.D.

4401 Roland Ave., Baltimore, Md. 21210

HOWARD LEE TOLSON, M.D.

122 S. Center St., Cumberland, Md. 21502

J. HAROLD UNDERWOOD, M.D.

907 Schneider Rd. S.E., N. Canton, Ohio  
44720

ALBERT WILD, M.D.

504 S. Arch St., Alliance, Ohio 44601

ISRAEL ZINBERG, M.D.

400 W. Northern Pkwy., Baltimore, Md.  
21215

This will be followed at 7:00 p.m. by the traditional banquet which will honor the Class of 1920 and the Class of 1970. A delightful program with an interesting speaker

has been prepared. Music will be furnished by Morgan Baer and his orchestra.

Friday morning, June 5th, will feature scientific programs by the University of Maryland Hospital Medical Association (James R. Karns, Chairman) and the Douglass Obstetrical and Gynecological Society of the University of Maryland (Edmund B. Middleton, M.D., Chairman).

The Bradley Pediatric Society of the University of Maryland (Raymond Clemmens, M.D., Chairman) will also hold a program. The University of Maryland Surgical Society (Arlie R. Mansberger, Jr., M.D., Chairman) will hold its bi-annual meeting. In the afternoon of June 4th there will be the customary precommencement exercises. The graduation formalities will take place at College Park on June 6th.

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## P & S in Retrospect; School Building to Be Demolished

As mid-year 1970 approaches, the College of Physicians and Surgeons again comes into perspective through two events in which the P & S will participate.

The first, a volume on the extinct medical schools of Maryland which contains a complete account of the Physicians and Surgeons, will shortly be or has been published by the Maryland Historical Society. Next, the expansion and redevelopment of the Mercy Hospital has brought that institution to the point where the old P & S building, no longer needed, will be shortly demolished. The *Bulletin* will carry photographs of the building as it appears before, during and after demolition.

The Historical Committee of the faculty is now engaged in negotiations with Mercy Hospital to preserve portions of the fabric of the old building, perhaps affording each of the 88 known living alumni an opportunity for a souvenir. No doubt some type of official recognition of these important alumni will be undertaken. The following are the known living alumni of the College of Physicians and Surgeons as of February 1, 1970.

Col. William A. Wickline, M.D., '95  
232 Rutherford Dr., Danville, Ca.  
Arthur A. Shawkey, M.D., '00  
207 Beuregard St., Charleston, W.V.  
Samuel Watson Page, M.D., '02  
349 Stanley Ave., Greenwood, S.C.  
C. Melvin Coon, M.D., '03  
Star Route, Milan, Pa.  
Alston H. Lancaster, M.D., '03  
997 Main St., Worcester, Ma.  
Frederick W. A. Mayer, M.D., '03  
1830 James Ave., St. Paul, Mn.  
Edward W. Sprague, M.D., '03  
86 Washington St., Newark, N.J.  
Edwin R. Raymaley, M.D., '04  
2537 Graham Blvd., Pittsburgh, Pa.  
George H. Seaks, M.D., '04  
3 Hanover St., New Oxford, Pa.  
James G. Blower, M.D., '05  
308 S. Rose Blvd., Akron, Oh.  
David Beveridge, M.D., '06  
Gibbon Glad, Pa.  
William P. Bonar, M.D., '06  
1006 Tomlinson Ave., Moundsville, W.V.  
M. Tolbert Dalton, M.D., '06  
6811 50th Ave., N.E., Seattle, Wa.  
Parker M. Wentz, M.D., '06  
752 Kelly Dr., York, Pa.  
Oscar T. Barber, M.D., '08  
145 Temple St., Fredonia, N.Y.  
George Davis, M.D., '08  
28 South Church St., Waynesboro, Pa.



- Edward P. Disbrow, M.D., '08  
15 Irving St., Apt. 9, Worcester, Ma.
- Anthony W. Lamy, M.D., '08  
560 Newark Ave., Elizabeth, N.J.
- Charles G. Morgan, M.D., '08  
156 Santa Barbara St., Corpus Christi, Tx.
- John J. O'Malley, M.D., '08  
3903 Jenifer St., N.W., Washington, D.C.
- William T. Owens, M.D., '08  
R.D. 1, Clarksburg, W.V.
- Rush B. Stevens, M.D., '08  
400 Hilgard Ave., Los Angeles, Ca.
- J. D. Dinsmore, M.D., '09  
Port Clyde, Nova Scotia, Canada
- John F. O'Brien, M.D., '09  
77 Payson Rd., Chestnut Hill, Ma.
- Ovid S. Campbell, M.D., '10  
Grafton, W.V.
- Denis J. Cronin, M.D., '10  
1007 4th Ave., Huntington, W.V.
- Harris Goldman, M.D., '10  
3507 Garrison Blvd., Baltimore, Md.
- Gail W. Kahle, Md., '10  
Marienville, Pa.
- John J. H. Powers, M.D., '10  
55 West St., Leominster, Ma.
- Arthur Charles Smith, M.D., '10  
90 Deer Hill Ave., Danbury, Ct.
- Jesse R. Tuckwiller, M.D., '10  
Lewisburg, W.V.
- Carl J. Baumgartner, M.D., '11  
1540 Laura St., Jacksonville, Fl.
- William Thomas Goeke, M.D., '11  
8265 S.W. 150th Dr., Miami, Fl.
- Edward St. C. Hamilton, M.D., '11  
Hamilton Clinic Bldg., Oak Hill, W.V.
- Nathan S. Hanellin, M.D., '11  
152 82nd St., Brooklyn, N.Y.
- Francis Hutchinson, M.D., '11  
485 E. Howard St., Pasadena, Ca.
- Frank L. Jennings, M.D., '11  
5512 Roland Ave., Baltimore, Md.
- Oram R. Lawry, Sr., M.D., '11  
Box 231, Owls Head, Me.
- John B. Makin, M.D., '11  
114 Inlet Terrace, Belmar, N.J.
- Isidore Michel, M.D., '11  
133 E. 73rd St., New York, N.Y.
- W. F. Zinn, M.D., '11  
400 Coral Way, Ft. Lauderdale, Fl.
- A. W. Adkins, M.D., '12  
361 Hillsboro St., Lexington, Ky.
- Andrew A. Anderson, M.D., '12  
1123 Boston Bldg., Salt Lake City, Ut.
- H. Melchior Biffar, M.D., '12  
144-31 14th Ave., Flushing, N.Y.
- Everett Roy Cooper, M.D., '12  
Troy, W. V.
- Manuel R. Janer, M.D., '12  
697 West End Ave., New York, N.Y.
- George A. Kohler, Jr., M.D., '12  
Smithburg, Md.
- Albert Eugene Man, M.D., '12  
182 5th St., Stamford, Ct.
- Samuel J. Morris, M.D., '12  
205 Kingswood St., Morgantown, W.V.
- Leonard O. Schwartz, M.D., '12  
3421 Pennsylvania Ave., Weirton, W.V.
- Albert C. Shannon, M.D., '12  
R.D. 1, Box 83, Mayport, Pa.
- Curtis L. Zimmerman, M.D., '12  
412 Cumberland St., Lebanon, Pa.
- Rafael Bernabe, M.D., '13  
61 Salvador Brau St., San Juan, P.R.
- Ray M. Bobbitt, M.D., '13  
1139 4th Ave., Huntington, W.V.
- James Fender Easton, M.D., '13  
45 Rosemary Lane, Romney, W.V.
- Samuel E. Enfield, M.D., '13  
116 S. Liberty St., Cumberland, Md.
- Paul N. Fleming, M.D., '13  
8105 Eastern Ave., Silver Spring, Md.
- Ernest F. Flora, M.D., '13  
Boones Mill, Va.
- Charles L. Mowrer, M.D., '13  
908 Hamilton Blvd., Hagerstown, Md.
- Leo P. Musser, M.D., '13  
500 Vine Hill Way, Martinez, Ca.
- William Edgar Myles, M.D., '13  
White Sulphur Springs, W.Va.
- Charles F. Nicol, M.D., '13  
63 Prospect Pk. W., Brooklyn, N.Y.
- Walter W. Point, M.D., '13  
2444 Kanawha Blvd., Charleston, W.V.
- Raymond H. Ryder, M.D., '13  
48 Central Ave., Waterbury, Ct.
- Elias C. Segarra, M.D., '13  
1803 Ponce De Leon Ave., Santurce, P.R.
- O. H. Bobitt, M.D., '14  
863 24th Ave., N., St. Petersburg, Fl.
- Manuel G. Carrera, M.D., '14  
101 N. Union St., Fajardo, P.R.
- Attie T. Gordon, M.D., '14  
Spencer, W.V.
- Howard C. Heilman, M.D., '14  
Elderton, Pa.
- Jesse J. Jenkins, M.D., '14  
Farmington, W.V.
- Harry S. Kuhlman, M.D., '14  
Sharptown, Md.
- Augustin R. Laugier, M.D., '14  
Cervantes 8, Santurce, P.R.

## ALUMNI ASSOCIATION SECTION

- Joseph Lipskey, M.D., '14  
Odenton, Md.
- Joseph E. Maher, M.D., '14  
96 Third Ave., Long Branch, N.J.
- M. E. Pujadaz Diaz, M.D., '14  
1611 Colon Avenue, Santurce, P.R.
- Joseph U. Rohr, M.D., '14  
3705 Bohan St., N.E., Roanoke, Va.
- Ivy G. Shirkey, M.D., '14  
1830 17th St., N.W., Washington, D.C.
- Frank G. Strahan, M.D., '14  
Williamsville, Vt.
- Thurman Elroy Vass, M.D., '14  
Box 167, Bluefield, W.V.
- Lee K. Fargo, M.D., '15  
8405 Loch Raven Blvd., Baltimore, Md.
- Antonio Fernos-Isern, '15  
House Office Bldg., Washington, D.C. 20515
- Edward E. Fitzpatrick, M.D., '15  
317 36th Ave., N.E., St. Petersburg, Fl.
- R. Basil Linger, M.D., '15  
107 Grove Ave., Clarksburg, W.V.
- Vernon L. Mahoney, M.D., '15  
2725 E. Exeter, Tucson, Az.
- Theodore Morrison, M.D., '15  
100 W. Cold Spring Lane, Baltimore, Md.
- Juan J. Nogueras, M.D., '15  
Box 1214, Hato Rey Sta., San Juan, P.R.
- Harry L. Rogers, M.D., '15  
100 W. Cold Spring Lane, Baltimore, Md.
- Paul Beadle Steele, M.D., '15  
3200 N.E. 36th St., Apt. 311, Ft. Lauderdale, Fl.

### Alumni Support a Worthy Cause

The Maryland Kidney Foundation cordially invites the alumni of the School of Medicine to the "open houses" on Tyson Street on Saturday, June 6, 1970.

There will be entertainment for children and adults alike, a carnival atmosphere, all sorts of refreshments, an antique and local artists show and sale, and a surrey for rides.

Admission to the houses will be \$2.00 and all admissions and donations will be turned over to the Maryland Kidney Foundation. The Tyson Street houses are located between Park Avenue and Read Street. Come and join us on this day and complete a most enjoyable reunion.

### Abstract of Medical Alumni Association Minutes

Following is a summary of the meetings of the Board of Directors held in January and February, 1970. The first meeting of the year was held on January 20. Dr. Robert Goldstein, treasurer, reported that the finances of the Association are in good order. Dr. Startzman, the Alumni Day Chairman, gave a report on Alumni Day Activities being planned for June 4, 1970. Included in his report were plans for the ladies during the reunion days. Dr. Sharrett, Chairman of the Davidge Hall Restoration Fund, gave his report on his meeting with distinguished citizens of Baltimore concerning this project. It was also reported that a bill was to be introduced in the Maryland State Legislature, establishing Davidge Hall as a Medical historic site.

A brochure is being planned on Davidge Hall and will be prepared by a commercial firm located in Baltimore. Your president, Dr. Wilfred H. Townshend, Jr., has had meetings with the Dean of Medicine and the president and selected members of the senior medical class. The president reported to the Board that his meetings were beneficial by maintaining a clear understanding of Alumni affairs.

The next meeting was held on February 24th, at which time the Chairman of the Honor Award Committee gave his report on the committee's work to select a Gold Key honoree. At this Board meeting, Dr. A. Harry Finkelstein, of the Class of '27, was designated as the Honor Award and Gold Key recipient for 1970. The Board of Directors approved holding alumni reunions in Chicago in June, 1970, in Washington, D.C., in September, and in Dallas, Texas, in Nov., 1970. Final plans for the Alumni reunion were presented to the Board for approval. These plans will be announced at a later date.

FRANCIS W. O'BRIEN  
*Executive Administrator*

# Alumni!

## THIS IS IMPORTANT

### Help Needed

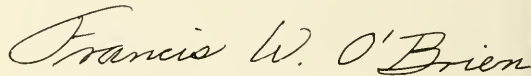
Your Alumni Office is searching for old pictures, prints of historical value for the restoration of Davidge Hall. Anything that would help us plan for the restoration of Davidge Hall, such as books, publications or other similar items, would be greatly appreciated. In addition, your Alumni Office is attempting to get a complete file of Class Year Books. At the present time we have the following books:

1907	1923	1931	1951	1955	1958
1913	1926	1948	1952	1956	1959
1915	1927	1949	1953	1957	

Please let us know if you have any items that will assist us.

### For Planning Purposes

Your Medical Alumni Association will hold reunions at the American Medical Association convention June 21-25, in Chicago, Ill., at the District of Columbia Scientific Assembly, September 9, 10 and 11, in Washington, D.C., as well as at the Southern Medical Association annual meeting in Dallas, Texas, on November 16-19, 1970. This is in keeping with your Association's plans to get together throughout the country graduates of the School of Medicine.



FRANCIS W. O'BRIEN  
*Executive Administrator*

Your Medical Alumni Association depends solely upon dues payments from its members. Have you paid your dues? It needs your support! Suggestions for the improvement of your Association are always welcome.



# The U. of M. Medical Alumni SALUTE

## Josephine E. Renshaw, Class of 1943, U. of Md., Medical Alumni was honor recipient of the Fifth Medical Alumni SALUTE, 1970

Dr. Josephine E. Renshaw is a member of the University of Maryland Class of 1943, graduating in March of that year. Her career has been a brilliant one which has culminated in her election this year as President of the American Medical Woman's Association, one of the highest honors a practicing physician can achieve. An examination of her career reveals interesting facts which have contributed to her present professional eminence.

A native of Edgewood, Pennsylvania, and an alumna of the University of Wisconsin, Dr. Renshaw received her Master of Science Degree from Wellesley College in 1933. She then entered the teaching field serving as a member of the faculty of physical education of Pomona College and later in the same capacity at the University of Illinois. She later served as an instructor in physical education at the Y.W.C.A. in New York City, Brooklyn and then in Baltimore.

Very early in her medical career, she became interested in the practice of obstetrics and gynecology and, following her graduation from the School of Medicine, served as a rotating intern at the University of Maryland Hospital from April 1, 1943, to January 1, 1944 (internships during World War II were abbreviated usually to a 9-month period—Ed.). Then followed an internship and an assistant residency at the Johns Hopkins Hospital with completion of her training in the specialty in 1947. She then entered private practice in the Washington, D.C., area. She was certified as a specialist by the American Board of Obstetrics and Gynecology in 1953.

Since that time she has devoted herself intensely to the private practice of her specialty attaining recognition by becoming a member of the attending staff of the Washington Hospital Medical Center, serving on a number of important staff committees including the perinatal mortality committee, patient care and the Kerr Essay Award Committees. She holds privileges at the Fairfax (Virginia) Hospital, Georgetown University Hospital, George Washington University Hospital and the Sibley Memorial Hospital.

Dr. Renshaw has been a member of the Trustees of the Group Hospitalization of Washington, D.C. (Blue Cross-Shield), since 1965. She has been active in the D.C. Medical Society, serving on a number of important committees as Second Vice President in 1962 and First Vice President in 1964.

Activities in the American Medical Woman's Association indicate a distinguished career which has culminated in the National Presidency. She has served in various capacities in Branch One, serving as President in 1953, and as a member of the executive board for 4 years. Since 1967, she has served as Chairman of the Association's finance committee, being President elect in 1969. Dr. Renshaw was recently honored by being named a member of the Board of Corporators of the Woman's Medical College of Pennsylvania.

She is a founding fellow of the American College of Obstetrics and Gynecology, in addition to her many responsibilities as outlined above. In 1955, she was named Medical Woman of the Year by Branch One of the American Medical Woman's Association. Dr. Renshaw has been an active member of the Medical Alumni Association, which officially and herewith takes note of the many achievements of this able practitioner.

Continued on page xxiv



## C. Parke Scarborough, Jr.

1912-1968

DR. C. PARKE SCARBOROUGH, JR., a member of the faculty of the School of Medicine and a former President of the Medical Alumni Association, died June 4, 1968, at the age of 55.

A native of Delta, Pennsylvania, and an alumnus of Dickinson Seminary (now Lycoming College), he received his A.B. degree from Pennsylvania State College and was a member of the Class of 1937 at the School of Medicine.

After an internship at Maryland General Hospital, he became surgical resident and began the practice of general surgery in Baltimore. Joining the army in 1943, he was sent for preliminary training to Presbyterian Hospital in New York under Dr. Jerome P. Webster. He was then assigned to Valley Forge Army Hospital in the plastic section where he served until 1946. Returning to Baltimore, he began the practice of plastic and reconstructive surgery. For more than 20 years, Dr. Scarborough served as chief consultant in Plastic Surgery at Fort

Howard Veteran's Hospital. He was the Chief of Plastic Surgery at the University of Maryland Hospital where he assumed the responsibility for teaching medical students and residents, serving the academic rank of Clinical Professor of Surgery and Associate Professor of Surgery. Dr. Scarborough maintained privileges on the active staffs of Saint Joseph's Hospital, Greater Baltimore Medical Center, Bon Secours Hospital, James Lawrence Kernan's Hospital, Mercy Hospital, Saint Agnes Hospital, South Baltimore General Hospital, Maryland General Hospital, Lutheran Hospital and Baltimore City Hospital.

At the time of his death, he was a member of the Board of Trustees with Blue Shield. Dr. Scarborough was a diplomate of the American Board of Plastic Surgery, a Fellow of the American College of Surgeons, a member of the Medical and Chirurgical Faculty and of the Nu Sigma medical fraternity. He is survived by his wife, Adda, and a son, C. Parke Scarborough, III.



PROGRESS REPORT: Excavation of the North Hospital Building, February 15, 1970. Retaining walls in foundation are now in place. Caissons for the concrete piers for the main support are being set.



# *Class*

## NOTES

### CLASS OF 1930

The Class of 1930 will have a 40th reunion get-together from 5:30 P.M. to 7:00 P.M. at a cocktail party at the Lord Baltimore Hotel on Thursday, June 4th, before the banquet in the Regency Room—17th floor. For further information please contact Marius P. Johnson, M.D., 16 Over Ridge Ct., Baltimore, Maryland 21210.

### CLASS OF 1932

After more than 17 years as Chairman of the Department of Obstetrics and Gynecology at St. Agnes Hospital, Dr. John C. Dumler has resigned. Dr. James Castellano, a member of the Class of 1956, will succeed him on a full-time basis. Dr. Dumler will receive the new title of Chief of Gynecology.

Dr. Dumler will continue in private practice with offices at 3350 Wilkens Avenue in Baltimore, Maryland.

### CLASS OF 1933

Dr. Benjamin Miller recently retired as National Director of the Veterans Administration. He has entered private practice of radiology in association with his classmate, Dr. David H. Rosenfeld, with offices at 1801 Eye Street N.W., Washington, D. C.

Dr. Michael J. Wiecech has entered the practice of anesthesiology with offices at 707 S. Ann Street, Baltimore, Maryland 21231. Dr. Wiecech was formerly Chief of Anesthesiology at the South Baltimore General Hospital.

### CLASS OF 1935

On Wednesday, June 3rd, the Class of 1935 will hold its thirty-fifth reunion with a private cocktail party and banquet at the Baltimore Country Club, and on Thursday, June 4th, will join the general alumni reunion and banquet at the Lord Baltimore Hotel.

Dr. Harry M. Robinson, Jr., class captain, has been in touch with his classmates and has heard from many of them. Dr. Robinson is expecting a large turnout. Dr. Robinson adds the following memorandum concerning the achievements of the members of the Class of 1935.

Phillip Owen has a son who is graduating in architecture at Tulane University. Lewis Herrold is working hard in private practice in Pennsylvania. John W. Albrittain is a Rear Admiral in the Medical Corps of the United States Navy and is now Deputy Surgeon General. O. T. McDonough, Jr., is a Captain in the Medical Corps of the United States Navy and is staff medical officer of the Cruiser Destroyer Force. Lou Teitel, Ferd Fader, Sol Rosen and Sidney Shapiro are in private practice in York and New Jersey. George Schmitt keeps busy in his practice in Florida and also teaches at the medical school in Miami. Sam Einhorn and Sol Lieb are practicing internal medicine in New Jersey. Irving Klompus has retired and is living in California. Karl Mech continues to be busy as chief surgeon for St. Agnes Hospital. Ed Cotter has recently retired as chief of medicine at the Maryland General Hospital and is now in the private practice of internal medicine. One of the hardest working boys in the class is Red MacLaughlin who is still in general practice and working seven days a week. Harry Teitelbaum has been very successful in the practice of neurology and psychiatry. Ben Stein is president of the Brunswick Hospital Center in New York. Harry Robinson, Jr., continues as Professor of Dermatology at the University of Maryland and has one daughter who is a physician and one son in the army. Norm Wilson, our perennial president, is now in Gary, Indiana, and is doing chest work. Mel Aungst is still practicing medicine in Ft. Kent, Maine, and Everett Wood is chief of ophthalmology at the Lovelace Clinic in Albuquerque, New Mexico. Other hard working general practitioners include D. J. McHenry, Bruce Montgomery and Bill Helfrich. John Hambrick is a very successful

## ALUMNI ASSOCIATION SECTION

general surgeon in North Carolina and Ernie Cornbrooks is an equally successful gynecologist in Baltimore. Joe Hunt is a hard working general practitioner. Howard Mays continues to be one of the most successful urologists in Baltimore and Lou Woodward is still with the State Department in Washington.

### CLASS OF 1946

Dr. Guy K. Driggs assumed the presidency of the Methodist Hospital of Dallas Medical Staff.

### CLASS OF 1947

Dr. Jose Valdez has been named Chief of Obstetrics at the St. Agnes Hospital in Baltimore.

### CLASS OF 1948

Dr. A. M. Powell, Jr., has been elected president of the Frederick County Medical Society.

### CLASS OF 1950

Dr. William Dvorine has been appointed chief of the section of dermatology of the Department of Medicine at St. Agnes Hospital, Baltimore, Maryland.

### CLASS OF 1951

Dr. B. Martin Middleton has assumed the presidency of the medical staff of St. Agnes Hospital.

### CLASS OF 1952

Dr. Michael Foley is president of the Brevard County, Florida, Medical Society.

### CLASS OF 1954

Dr. A. Gibson Packard, Jr., has announced the removal of his office for the practice of Orthopaedic Surgery from 550 N. Broadway, to 6 Glenwood Avenue, Easton, Maryland. Dr. Packard will make his home in Oxford, Maryland.

### CLASS OF 1955

Dr. Everard F. Cox has been named full-time Chairman of the Department of Surgery at St. Agnes Hospital, Baltimore, Maryland. In his new capacity, Dr. Cox is responsible for the medical administration of the Department of Surgery and for the maintenance of an approved surgical residency program which includes education and practice.

A native of St. George, Utah, and a graduate of the University of Utah, at the time of his graduation from the School of Medicine, Dr. Cox was elected President of his class. After an internship at the U.S. Naval Hospital in Jacksonville, Florida, he completed his surgical residency at the University of Maryland Hospital, being subsequently a member of the staff as an assistant professor.

Leaving the University of Maryland, Dr. Cox served as Chief of the Department of General Surgery and Director of Surgical Education at the Baylor University Medical Center, holding also the rank of Professor of Surgery at the Southwestern Medical School of the University of Texas. Other appointments included an appointment at the National Cancer Institute and consultation at the School of Dentistry at the University of Maryland.

A former naval aviator in World War II, Dr. Cox holds a Distinguished Flying Cross and many other decorations. He is a diplomate of the American Board of Surgery and a member of the American College of Surgeons, among many other professional organizations.

Dr. Frank Longo serves as a staff urologist at the Squier Urological Clinic of the Columbia Presbyterian Medical Center in New York.

### CLASS OF 1956

Dr. James Castellano has been named full time chairman of the Departments of Obstetrics and Gynecology at the St. Agnes Hospital. Dr. Castellano succeeds Dr. John Dumlér who will now serve as Chief of Gynecology and who will continue in private practice.

### CLASS OF 1957

Dr. Paul A. Mullan, a Baltimore physician, was recently elected to the board of Maryland Blue Shield.

### CLASS OF 1958

Dr. Gerald T. McInerney has contributed to a Forum article on the treatment of ulcerative colitis to be published in the March 9th issue of MODERN MEDICINE.

CLASS OF 1960

A tenth reunion party will be held in the Maryland Room at the Lord Baltimore Hotel prior to the Annual Medical Alumni Banquet on June 4th, 1970. For further information please contact Jerome Ross, M.D., 3455 Wilkens Avenue, Baltimore, Maryland 21229.

CLASS OF 1962

Dr. Merrill I. Berman has been recently certified in psychiatry by the American Board of Neurology and Psychiatry. Dr. Berman has left the U. S. Public Health Service and is now on the staff of the Marin County Community Mental Health Service, specializing in the problems of children. Dr. Berman is the author of a number of technical papers dealing with problems of alcoholism and psychiatric problems among merchant seamen. Dr. Berman resides at 185 Ridgewood Drive, San Rafael, California.

CLASS OF 1963

Dr. Claude A. Harvey is now the Senior Medical Officer at the Naval School of Diving and Salvage in Washington, D. C. Dr. Harvey presently holds the rank of Lieut. Commander, U. S. N.

Dr. Arthur M. Smith has been named senior Resident at the Squier Urological

Clinic of the Columbia Presbyterian Medical Center in New York. As an essayist in the 1969 New York Section, American Urological Association Contest, he received First Prize in the Fellows Research Paper Category for his dissertation entitled, "Determination of Acid Tolerance in the Critically Ill Urologic Patient—A New Facet of Metabolic and Bioengineering Research."

CLASS OF 1966

Dr. Richard Bard is currently serving as assistant resident in Urology on the staff of the Presbyterian Medical Center in New York.

CLASS OF 1967

Dr. Charles E. Wendt, Jr., has recently completed the Naval Flight Surgery program at Pensacola, Florida. Dr. Wendt has been assigned as Flight Surgeon to Carrier Air Wing Two aboard the Aircraft Carrier USS Ranger in the Western Pacific area. Dr. Wendt's mailing address is CVW-2, FPO, San Francisco, California, 96601.

CLASS OF 1969

Dr. Joseph B. Esterson has been declared the winner of the annual March of Dimes Award for the Best Paper for 1969 on the subject of birth defects. Dr. Esterson will begin his residency at the Albert Einstein Medical Center in Philadelphia in 1970.

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Alumni Salute

Continued from page xix

tioner and medical leader who has not only reached a high degree of personal success but also through her achievements has hon-

ored the School of Medicine and has brought distinction upon it. Her fellow alumni are proud of her and through this, the alumni publication, have seen fit to extend to her congratulations and to appropriately salute her outstanding achievement.



# Deaths

## CLASS OF 1897

Dr. Walter Cathcart Arthur, of 2225 Fifteenth Street, Cuyahoga Falls, Ohio, died on October 15, 1969.

## BMC CLASS OF 1900

Dr. Wilmer C. Ensor, of 441 Swallow Drive, Miami Springs, Florida, died on October 4, 1969 at the age of 90.

## CLASS OF 1906

Dr. John Grover Gowble Smith, Dean of the Brunswick, Maryland, physicians, died on March 13th. Dr. Smith was 80. Dr. Smith practiced in Brunswick for more than 45 years until ill health forced his retirement in 1968.

## BMC CLASS OF 1907

Dr. Tyler Gibson Cooke of 91-47 114th Street, Jamaica, New York, died September 1, 1969, at the age of 88.

## BMC CLASS OF 1913

Dr. Ernest G. Marr, of 516 Cathedral Street, Baltimore, Maryland, died on January 12, 1970.

## P & S CLASS OF 1914

Dr. William P. Black, of 1520 Va. Street, E., Charleston, West Virginia, died recently.

## CLASS OF 1914

Dr. Yates M. Barber, of 275-3, Warsaw, Virginia, died on December 3, 1969, at the age of 84.

Dr. Everett LeCompte Cook, for 35 years a regular Army Medical Officer and a retired Colonel, died on January 8th at the U. S. Veterans Hospital in Washington, D. C.

A native of Stephenville, Maryland, and an alumnus of St. John's College, Dr. Cook chose the Army as a career immediately

after graduation. During World War II, he commanded the Newton D. Baker Hospital in Martinsburg, West Virginia, serving also in Army hospitals in Denver, Honolulu, San Francisco, Panama, and at the Walter Reed Hospital in Washington. Colonel Cook retired in 1946 to take up active duty with the Veterans Administration. In recent years he had been attending physician at the University of Maryland Student Health Center at College Park. Dr. Cook was 81 at the time of his death.

Dr. Chauncey E. Dovell, Colonel, M.C. U.S.A., of 62 S. Boxwood Street, Hampton, Virginia, died recently.

## CLASS OF 1917

Dr. Wheeler O. Huff, of 4529 Maple Avenue, Bethesda, Maryland, died on November 29, 1969, at the age of 90.

## CLASS OF 1918

Dr. Richard T. Arnest, founder and director for more than 15 years of the Northern Neck (Virginia) Health District, died at his home in Richmond, Virginia, on December 23, 1969.

A retired Army Officer, Dr. Arnest was a veteran of both World Wars, retiring after more than 30 years of active duty as a medical officer.

## CLASS OF 1925

Dr. Francis Alva Ellis, member of the class of 1925 and an outstanding dermatologist of national reputation, was a member of the dermatology staff at the University of Maryland for 40 years. During that period, he actively participated in the teaching of undergraduate and graduate students.

He was particularly interested in dermal pathology and became one of the leading authorities in that field.

He received his preliminary education in the Baltimore public schools and a B.A. degree from the Johns Hopkins University in 1921. Following his graduation from the University of Maryland School of Medicine

## ALUMNI ASSOCIATION SECTION



Francis Alva Ellis  
1899-1969

he interned at the St. Agnes Hospital, then practiced general medicine in several mining communities in West Virginia. In 1927, he began his postgraduate training in dermatology at the University of Pennsylvania under John H. Stokes. When training was completed, he returned to Baltimore and received joint appointments at the Johns Hopkins Hospital and at the University of Maryland School of Medicine. In 1956, he was made Professor of Clinical Dermatology at the University of Maryland. He was also Chief of Dermatology at the Mercy Hospital from 1940 to 1965.

Dr. Ellis trained the dermatology residents in histopathology at both the University of Maryland and the Johns Hopkins Hospital. He instituted a series of dermal pathology conferences at the Sinai Hospital.

He belonged to the American Medical Association, the Southern Medical Association, the American Academy of Dermatology, the Maryland Dermatological Association and the American Dermatological Association. He was a past president of the Society of Dermal Pathologists. Dr. Ellis was the author of 60 scientific articles dealing

with clinical and basic problems in dermatology and also presented 6 scientific exhibits before various national meetings.

He had a dry sense of humor and was a quiet man. His major hobbies were golf and photography. He had very high ideals and loved his specialty.

HARRY M. ROBINSON, JR., M.D.

Dr. W. Kenneth Knotts died suddenly at his home January 12, 1969, in Federalsburg, Md., apparently following a heart attack. Dr. Knotts, 68 and retired, was a former intern at the University of Maryland Hospital receiving his eye training at the Abingdon Memorial Hospital, Abingdon, Pennsylvania.

### CLASS OF 1926

Dr. Warren Elwood Calvin, of 1215 4th Avenue, Seattle, Washington, died recently.

### CLASS OF 1928

Dr. Edward Andrew Litsinger, of Box 160, Spencer, West Virginia, died September 7, 1969, at the age of 67.

### CLASS OF 1930

Dr. Isaac Miller, of 1228 S. Charles Street, died on February 4, 1970, at the age of 63.

### CLASS OF 1931

Dr. Philip Lerner, of 2 E. Read Street, Baltimore, Maryland, for many years a member of the faculty of the School of Medicine and active on the staffs of Mercy Hospital and the Lutheran Hospital of Maryland, died January 23rd after a long illness.

A former medical resident at the Lutheran Hospital of Maryland (formerly West Baltimore General Hospital), Dr. Lerner was Chief of the neurology clinic at the Mercy Hospital. In recent years, he was chief of neurology and psychiatry at the Lutheran Hospital of Maryland.

### CLASS OF 1933

Dr. Leonard Francis Turano, of 221 Linden Street, Brooklyn, New York, died in the early part of 1970.

BULLETIN

School of Medicine

University of Maryland

VOLUME 55

JULY, 1970

NUMBER 3

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# ALUMNI NEWS REPORT

TO THE BULLETIN:

I would like to report the following: \_\_\_\_\_

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## SUGGESTIONS FOR NEWS ITEMS

American Board Certification  
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Residency Appointment  
Research Completed  
News of Another Alumnus  
Academic Appointment  
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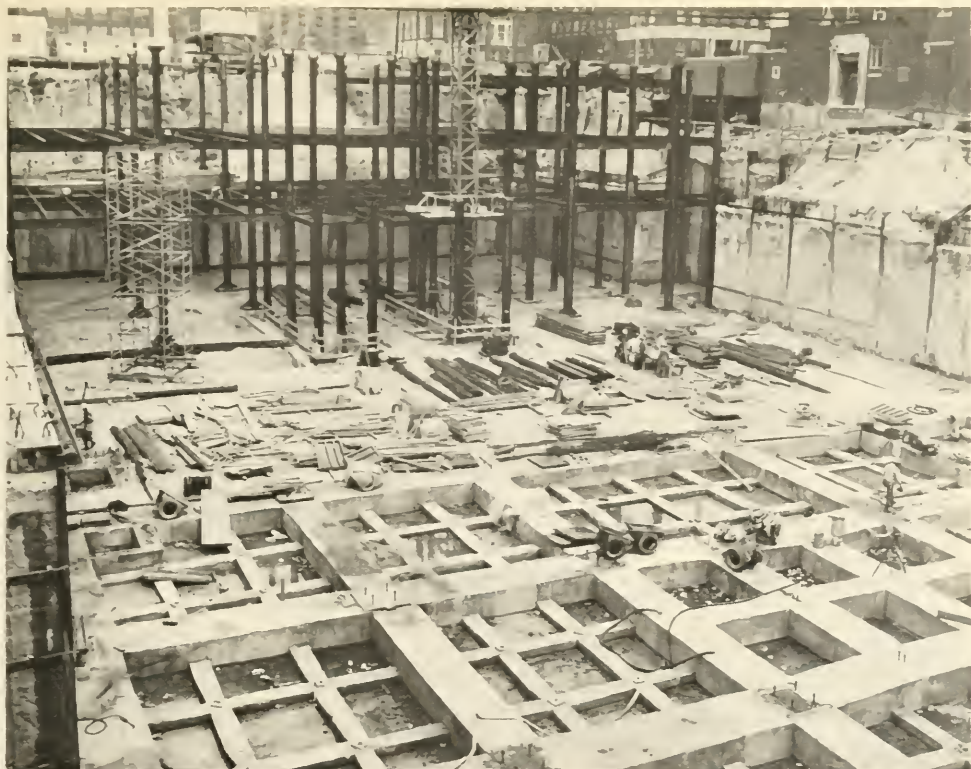
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Address \_\_\_\_\_  
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Class \_\_\_\_\_

Send to

Dr. John A. Wagner, Editor  
*Bulletin*—School of Medicine  
University of Maryland  
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North Hospital Building Aug. 1, 1970. Basement now complete.  
Steel begins to point skyward.



July, 1970

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# BULLETIN *School of Medicine*

## *University of Maryland*

VOLUME 55

JULY, 1970

NUMBER 3

It is with profound sorrow we announce the untimely and accidental death of Dr. Robert W. Buxton on August 14, 1970, while on holiday in Rumania. (*More in October Bulletin.*) Ed.

### In The Beginning

Robert W. Buxton, MD.<sup>†</sup>\*

We live in turbulent times; today we think them more turbulent, more disruptive than ever before. The history of civilization, as far as we can look back, has been regularly characterized by individuals seeking for "relevance", for "involvement", for "Peace" for "revolt" and the like. And almost invariably these goals are sought for "at once" and "immediately". So often these goals and the timing of their effects are simply the expression of an individual's or group's desire for something different.

We become more tolerant, and probably more sympathetic to these eruptions as we look back upon our immediate predecessors, the explosions to which they were subjected; and recognize that the ultimate welfare of man and of this medical profession was not hindered by this complex phenomenon of rebellion.

The University of Maryland has achieved some pre-eminence today because from the very beginning it has accepted and weathered much turbulence

and has emerged stronger and with a more clearly defined goal. One should recall that in 163 years the School has survived the disruption of seven major wars. Today I wish to start at the beginning and from there progress to the chartering of the Medical College in 1807, for from this beginning has stemmed much that is relevant and good today.

The Charter for the Province of Maryland was granted to Cecil, the 2nd Lord Baltimore, on June 20, 1632. The Province was named in honor of Queen Henrietta Maria. The first settlement was headed by the brother of Lord Baltimore in 1634 and consisted of 200 Colonists.

The first surgeon in the Colony was Dr. Henry Hooper who arrived there in 1637 and died in 1653; little is known of him. Annapolis was chartered in 1708, having been founded as "Providence Town" in 1649 by persecuted Puritan Colonists from Virginia.

In 1729 the legislature passed an act to erect a town on the north side of Patapsco in Baltimore County. Land for this town, 60 acres, was purchased from Mr. Charles Carroll for \$320. In January, 1730, the town was laid out; as of this date New York was 116 years old, Boston 100 years, St. Mary's 96 years,

<sup>†</sup> Professor and Chairman, Department of Surgery, University of Maryland School of Medicine, Baltimore.

\* Read on the occasion of the reunion of the U. of Md. Class of 1945.

Charleston 50 years and Philadelphia 48 years old. The principal street of Baltimore Town (now Baltimore Street) was 4 perches wide (66 feet) and Forest (now Charles) 3 perches (39.5 feet). It was on the corner of Baltimore and Calvert that Dr. William Lyon opened the first drug store.

In 1751 the Philadelphia Hospital was projected, incorporated and organized by Dr. Thomas Bond of Calvert County, Maryland. This hospital, one of the first in this country, was opened in 1752.

This was a worrisome year all over the country for there was much agitation over smallpox inoculation and the methods to accomplish this. Inoculation for smallpox was introduced into England by Lady Wortley Montague in 1721. The new country seemed strikingly prone to epidemics of varying sorts; probably this was so because the loss of a few citizens represented a large portion of the inhabitants of most cities. Baltimore itself was now a considerable town of 75 houses, four of which were brick. The first of these had been built at what is now Calvert and Fayette Streets in 1740. The population in Baltimore County was some 17,000 people by 1752 and with this large number, epidemics such as that which occurred in Joppa Town in 1731 could be severe. The next epidemic, in fact, occurred in 1755. This latter year was an even more momentous one for this small town of Baltimore with less than 300 citizens. General Braddock at the head of a British army was sent to the colonies to rid the American West of its unwelcome French neighbors. Braddock tumbled into the disaster at Fort Duquesne (Pittsburgh). After this defeat people fled from the Western part of Maryland to Baltimore for safety. Indians friendly to the French were said to be within 80 miles of the town. The women

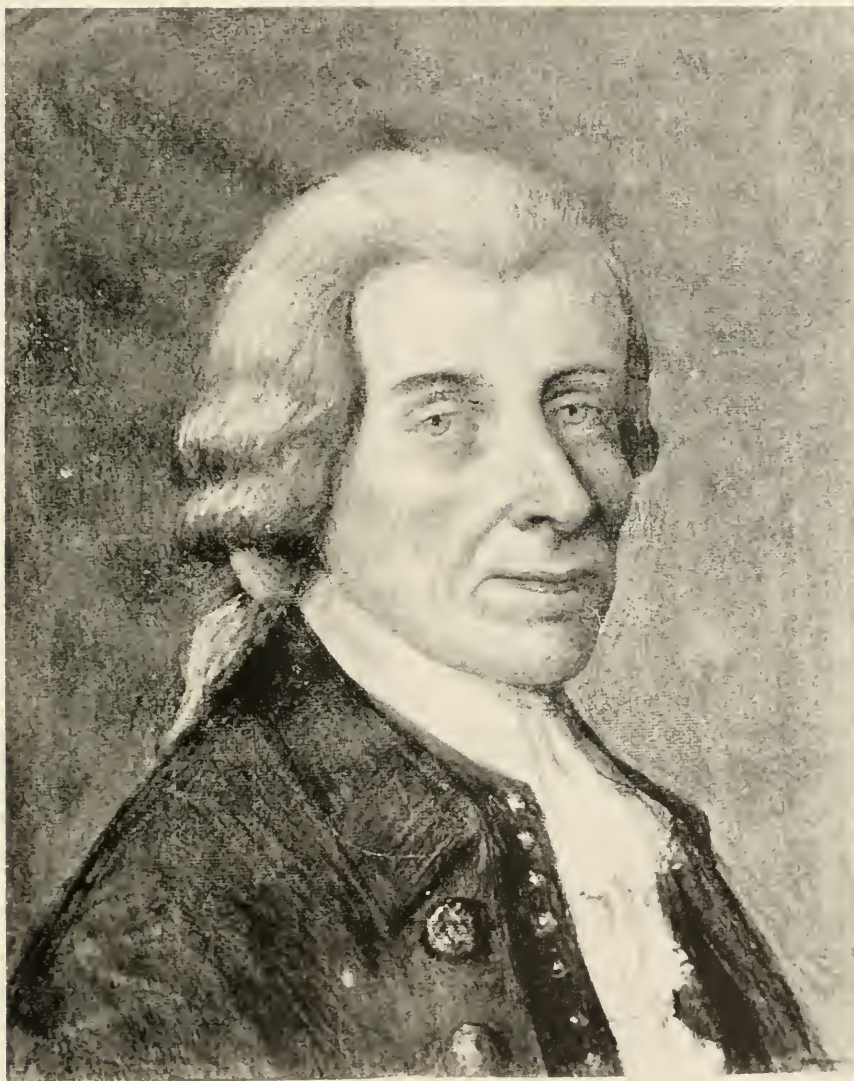
and children were put on boats in the harbor for flight down the Bay if necessary. This flurry of disorder must have shocked a young immigrant doctor who had just arrived from Germany. He was soon to become the leading physician in Baltimore Town.

Charles Frederick Wiesenthal came from Prussia, where presumably he was one of the physicians to Frederick the Great. No one knows quite why he left Prussia. He became a naturalized citizen in 1771. At the time of his arrival he was 29 years of age. With his arrival Baltimore Town had four physicians.

1755 was the year, too, when Charles Carroll died in Annapolis. And the first fire engine was brought to the colonies from London. Not until 14 years later, however, was there a fire engine in Baltimore. There was a spotted fever epidemic in Maryland, epizootic among dogs and foxes and all died, and in November and December a dysentery and smallpox epidemic. The catalogue of disease afflicting the populace could, at times, be appalling. Smallpox, dysentery, jaundice, whooping cough, measles, cholera morbus, venereal disease and typhoid could reach epidemic proportions, and often did in the Army, and usually exacted a high toll of the inhabitants.

In the next year the smallpox hit Annapolis and raged for nine months. For the first and only time the Legislature met in Baltimore away from the epidemic in Annapolis. In 1758 the epidemic hit Bladensburg and in 1760 Cecil County. The buildup of physicians in and about Baltimore Town was slow, but by 1772 there were eleven. The next year the large, affluent German Community in Baltimore, with the help of Doctor Wiesenthal, erected their first Lutheran Church.

When Wiesenthal arrived in America there were no Medical Colleges. The first,



CHARLES F. WIESENTHAL.

REPRODUCED FROM A PENCIL SKETCH BY HIS SON ANDREW.



the College of Philadelphia (later the University of Pennsylvania), was ten years away. Doctors generally passed on their knowledge verbally to apprentices, most of whom could not afford a European schooling. A new, well-known and able physician from Europe was likely to become very quickly the leading preceptor in a Community; and so became Wiesenthal.

Shortly after his arrival Wiesenthal settled into a busy practice and soon moved to a home on Gay Street. In about 1769 he built behind this a two-story brick laboratory for the 15 to 20 students who paid \$10 each for the use each winter of the laboratories, the lectures and the advice and direction given by him on their progress in medicine. This was undoubtedly the first Medical School in the State. Presumably these young men were considered doctor's apprentices and their duties in those days were reasonably simple. They prepared and compounded medicines, visited the sick and often undertook some small nursing duty. The more advanced student undoubtedly was often assigned to keep the preceptor's account book. In the intervals when not doing the chores he read eagerly all of the available medical literature and discussed this with his fellow students and with the preceptor. The total period of required attendance in the later schools did not exceed three winter terms of four months each in the best schools; undoubtedly at this early period, before there were schools in this country, less time was involved.

Like the best of 18th Century physicians, Wiesenthal felt that medical education must be strongly based on human anatomy and to facilitate the study of gross and morbid anatomy, he and other teachers quietly secured corpses for students' dissections. In Europe dis-

section of corpses was frowned upon and largely controlled by law; in America it terrified the citizens of small communities. The first official notation of a criminal body being donated for dissection, in Baltimore, was in 1788, but surely this had occurred, unofficially, many times before.

In 1765 the British attempted to strip their Colonies of any real power by taxation. Thus began the real struggle for supremacy in America. In 1774 the first military company for the Revolution was organized in Baltimore. In October of 1774 the "Peggy Stewart," laden with tea, was burned at Annapolis. The Maryland tea party was led by Dr. Charles Alexander Warfield of Howard County. Trade with England was completely broken off. The American Rebellion was off to a good start.

The following year James McHenry, aged 22 years, "having made some progress in medicine" was appointed surgeon and with others joined the patriot army before Boston. In 1778 McHenry became Secretary and Aide-de-Camp to the Commander-in-Chief, George Washington. He was taken prisoner at the Battle of Eutaw, North Carolina, released and later elected a Maryland Senator. In 1794 a Star Fort of brick was erected on Whetstone Point and called Fort McHenry, in honor of "Dr." James McHenry. In 1797 he was named Secretary of War in the Cabinet of John Adams.

Early in 1776 Doctor Wiesenthal was appointed by the Council of Safety as Surgeon-Major of Smallwood's Brigade. He was appointed Medical Purveyor for the troops and ordered to buy for the command 30 pounds of bark (*Cinchona* bark?), two pounds of cantharides, one pound of sponge and four ounces of opium. At this time inoculations for smallpox, which had been going on inter-

mittently, were stopped by ordinance. Inoculations as practiced then produced an illness lasting some three or more weeks, and this interfered with the enlistment of men in the armed forces. While vaccination was frequently practiced in the army, Washington heistated to vaccinate his men lest the enemy learn of this and take advantage of their temporary illness. Sometimes the troops arranged their own inoculations as soon as they reached the encampment area of the army; thus, they put themselves out of action for almost a month—and by that time their term of enlistment had expired! In January Doctor Wiesenthal was appointed by the State as Manufacturer of Saltpetre for the Army; at the same time he issued a call on the ladies of Baltimore for lint and linen for bandages.

On July 22, 1776, the Declaration of Independence was proclaimed at the Courthouse of Baltimore Town. Undoubtedly almost all of the 6,755 citizens of the city, including its 19 doctors, must have turned out with the firing of cannon, the illumination at night and the parade and burning in effigy of the "late" King George III.

In December (27) of this same year in Mr. Jacob File's house on the S. E. corner of Baltimore and Liberty Streets, Congress assembled and invested General George Washington with dictatorial powers.

In the following year, 1777, Doctor Wiesenthal was named Surgeon General of Maryland Troops at a salary of 35 shillings per day without rations. The doctor is not known to have attended any of the campaigns himself, and was very likely not expected to do so. He did visit the men in their camps. Sometime later the military hospital at Annapolis, for Maryland troops, burned.

Physicians even in these troubled times

were of necessity needed for care of the general public, and as occurs today, were troubled by the level of patient fees in the face of rapidly rising prices and a diminishing responsibility of patients for payment of fees. Wiesenthal, despite his occupation with his many wartime duties, found time to serve on a committee of eight doctors to discuss and to publish in the "Maryland Journal and Baltimore Advertiser" the following notice:

"The Practitioners in Physic in this town, think it proper to inform the public, that from the fluctuations of price, and unfixed value of money, they find it necessary to charge for their services, in country produce, or by way of barter or in money at such advance as will bear a proportion to the prices of the necessities of life at the time of payment. It must be confessed that gentlemen of the faculty in this town have suffered more in respect to their bills since the commencement of the present war than any other class of men in the community—the equity, therefore, of the above regulation will appear self evident to every unprejudiced person. The indigent sick may nevertheless apply and they shall be attended to as usual with tenderness and charity."

In 1781 the Military Hospital at Baltimore was placed under the charge of Doctor Wiesenthal and the Almshouse of Anne Arundel County was also used as a military hospital. One could wish that Wiesenthal had indeed attended some of the campaigns for he demonstrated considerable experience in the handling of patient problems. The wounded after a battle sometimes lay for many hours at the scene of action unattended by surgeons. And when medical assistance did arrive it usually came in some hopeless, or excruciatingly painful forms; it took British Army surgeons, for example, forty minutes to amputate a man's leg—

of course, without anesthesia which was unknown. Even so, Doctor Benjamin Rush of Philadelphia acknowledged that wounded American soldiers who fell into enemy hands received better medical care from British than from American doctors.

One is unsure how Wiesenthal fed his patients in the Military Hospital and the Almshouse but in 1782 Timothy Pickering, Member of the Board of War, noted that the wounded in many instances lived on a diet of beef and bread and that the bread was usually sour.

By 1782 the streets of Baltimore were paved. The city was growing rapidly and was becoming a busy and attractive community. The French troops, returning from the Battle of Yorktown, encamped at Baltimore and remained there until the end of the war, in the next year, 1783. The following year Baltimore streets were first lighted.

By this time, with an increasing population, many returning troops and an increasingly affluent society, medical quackery rapidly became troublesome. Wiesenthal's little group of students—almost the equivalent of a Medical School—was creating a clear distinction between the trained, well-read physician and the largely uneducated quack and charlatan. For several years groups of physicians had met at intervals to discuss medical reforms and methods of suppressing quackery.

In 1788 one Patric Cassidy was duly executed for murder. His body was purchased by Wiesenthal and his students from the executioner for dissection. An angry mob, likely abetted by gossip and possibly by some of the discomfited quacks, burst into the dissecting room, destroyed the furnishings and dragged the body away. Possibly the crowd was egged on by individuals who knew that the President of the Medical Society, Doctor

Wiesenthal, had sent out an appeal to the physicians of the State to convene on December 15th, at "Stark's Tavern in Baltimore," to digest a plan for the regulation of Medical Practice. Undoubtedly others less well informed were certain that statutes for regulating practice were only measures for creating a monopoly and a sure means of increasing the cost of medical care. One poor farmer duly noted:

"The Doctors have established their Medical Societies—by which they have so nearly enielated (eliminated) quackery of all kinds, that a poor man can't git so grate cures of them for a ginna (guinea), as he could 50 years ago of an old squaw for half a pint of rum."

It should be noted that today there is no sure evidence that Doctor Wiesenthal had received an M.D. degree or its Prussian equivalent. There is no record of his signature with this designation and only one instance when he signed his name "Karl Fried. Wiesenthal, *Medicinae Practicus*."

In 1789 Doctor Wiesenthal's son Andrew returned from his medical training in St. Bartholomew's Hospital in London and commenced the practice of medicine in Baltimore. He soon took over his father's school and in December of that year, at his home at 40 North Gay Street, delivered lectures on the Anatomy, Physiology, Pathology, Operative Surgery and the Gravid Uterus to 15 students.

The father's letters to this son give us some idea of his surgical practice. He describes an operation upon a complicated fistula-in-ano, the use of a "blister" to treat a child of four years for hydrocephalus and convulsions, and the incision and drainage of other abscesses. As in many other early writings the incidence of bladder calculi was high and cataracts were frequent. Operations as these were



held in high regard as evidence of a surgeon's skill and Wiesenthal's letters to his son encourage him to become skillful in operations for cure of these diseases. He particularly advises Andrew to get a formal degree.

Andrew was the good doctor's favorite son and was urged repeatedly by him to complete his studies and return to the States. Doctor Wiesenthal died in the spring of 1789 just before Andrew's return to this country.

By many Charles Frederick Wiesenthal was considered even at the time of his death "Father of the Medical Profession of Baltimore."

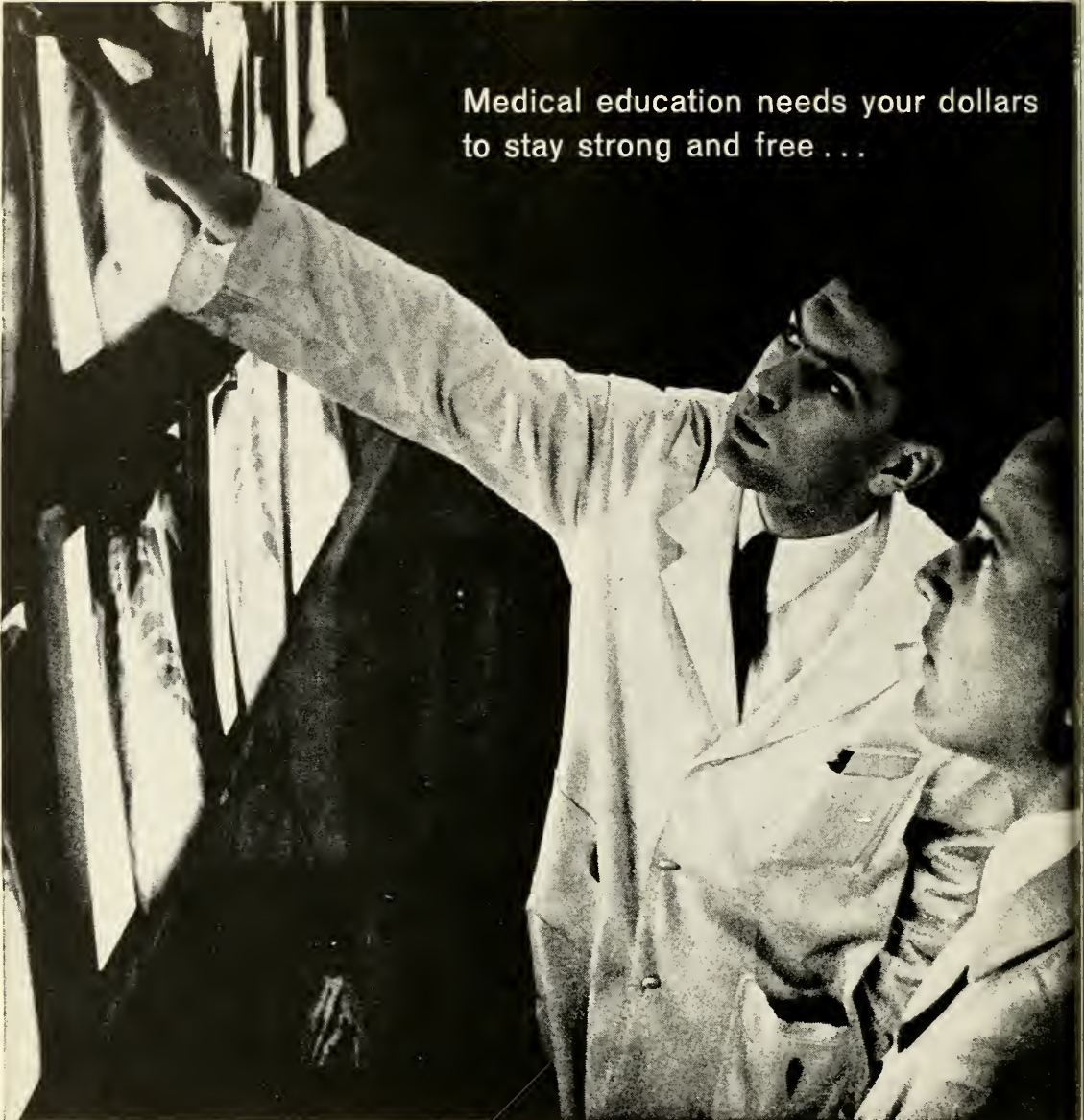
The idea of forming a medical school was passed on from the elder Wiesenthal to his son and upon his return he and George Buchanan, a former student of his father, offered lectures on midwifery and the theory of medicine. They tried to interest the Medical Society in sponsoring such an undertaking, but without success.

It was into this community with this backdrop that John Beale Davidge returned, in 1797. He had just received his M.D. from Glasgow. His return was

quiet and he devoted himself to the development of a small following of students and the development of a successful practice. By 1807 he was the recognized heir to the Wiesenthal tradition and thus the school we now know as the University of Maryland had its official beginning.

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## MEDICAL SCHOOL SECTION

### *Dean's* **LETTER**

*Dear Alumni and Friends of the Medical School:*

Traditionally medical education has been viewed as a three-legged stool, the legs of which are education, research and service. Over time the relative emphasis of these three areas has varied although efforts have continually been made to preserve a healthy balance. At this time our society is showing increasing interest in the provision of health services and the supply of health personnel. Within university medical centers this concern is reflected by increasing class sizes and increasing attention to the health services provided both directly and indirectly by the university community.

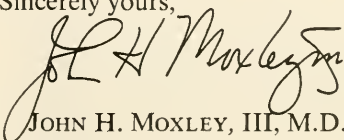
Here at Maryland we are in the process of reviewing many of our programs, including service programs, that directly affect the surrounding neighborhood. In re-evaluating our efforts we have a great need to exchange ideas with the community. Furthermore, many local problems face both the community and the medical center, for example, safety, traffic, job training in health careers and employee recruitment, to name but a few.

In an effort to facilitate the approach to solutions to these complex areas I have formed a Community Advisory Committee. The membership is composed of representatives from the community and the faculty and administration of the medical center. Community members include a parish priest, an Episcopal minister, the chairman of the Neighborhood Advisory Council of the Inner City Community Mental Health Program, and a community organizer associated with the Model Cities program. I am optimistic that both the medical center and the community will benefit from the exchange that will occur as the Community Advisory Committee swings into action.

In closing let me state what a pleasure it was for me to meet so many alumni personally during the recent Alumni Reunion-Commencement period here in Baltimore. My wife and I enjoyed the many activities and we thank you for including us.

With best wishes,

Sincerely yours,

  
JOHN H. MOXLEY, III, M.D.  
Dean



University of Maryland Medical  
History Society

Activities 1969-1970

Frank A. Carozza, Jr., M.D.

For many years, interest in medical history has been evident at the University of Maryland. As early as the turn of the century, Dr. Eugene F. Cordell was appointed Professor of the History of Medicine, possibly the first such appointment in the United States. He gave weekly lectures on this subject until his death in 1914. Subsequently, the catalogue mentions no program in medical history until the advent of Dr. John R. Oliver, who taught this discipline from 1927 until his retirement in 1938. In 1941, Dr. Louis A. M. Krause initiated an annual series of lectures, which ceased in the mid-50's. During the past 15 years, medical history has not been a part of the medical school curriculum.

Despite history's absence from the curriculum during much of the 20th century, a few members of the faculty and student body have always been more than casually interested in the subject. As an outlet for such interest, medical history clubs have flourished at intervals, beginning as early as 1904 with the Library and Historical Society. This organization was inaugurated by Cordell and Dr. William Osler before an audience of several hundred students, faculty and guests gathered in Chemical Hall. Although the society's avowed purpose was the "... investigation and elucidation of questions of literary, scientific, and historical character ..." embracing law, medicine, dentistry, and pharmacy, it was evidently short-lived, dying from a flagging interest shortly after its impressive inauguration.

During the 30's and 40's, another medical history club named for the illustrious Cordell flourished. This society was never formally disbanded, and indeed, Dr. Frank H. J. Figge, Professor of Anatomy and secretary-treasurer of the Cordell Society, oc-

asionally receives mail directed to this organization. The last meeting, however, was held circa 1952.

In the spring of 1969, a group of faculty and students founded a new medical history club—The University of Maryland Medical History Society. This organization has no stated purpose but to provide a forum for discussing problems in the history and philosophy of the medical sciences. Membership is open to all interested alumni, faculty and students of the entire University of Maryland complex. Since its inception in March, 1969, Mr. Harvey Kranzler, a third year medical student, has served as president and Dr. Frank A. Carozza, Assistant Professor of Medicine, as secretary-treasurer of the society. Dean Moxley and Dr. Theodore Woodward have been generous with time and advice and have stimulated growth of the organization. Dr. Alva Baker and Mr. Robert Krasner, a fourth year medical student, have aided in stimulating student interest.

During the spring of 1969, the society confined itself to sponsoring two lectures in medical history. The inaugural lecture on "The Oath of Hippocrates" was given on March 5 by Dr. Owsei Temkin, William H. Welch Professor Emeritus of the History of Medicine at Johns Hopkins University. The second was given in May by Professor Woodward on "The Influence of Disease on American History." Attendance and enthusiasm were high at both meetings and encouraged a more ambitious program during academic year 1969-70. As outlined on the accompanying program, several luncheon seminars were held in addition to four evening lectures. During the year, chronological progress was made covering various areas in medical history from archaic to modern times. Two Medical School alumni participated in the program. In February, 1970, Dr. John Savage, class of 1932, spoke on William Hunter, the renowned 18th century anatomist and "man mid-wife." Dr. Savage possesses a copy of Hunter's great work, "The Anatomy of the Gravid Uterus" (1774), which he received some years ago from Dr. Howard Kelly. The lecture was

## MEDICAL SCHOOL SECTION

highlighted by illustrations from this beautiful book. The final lecture was given by Dr. John Z. Bowers, class of 1938, and currently President of the Josiah Macy, Jr. Foundation. Dr. Bowers discussed "Medicine and Society in Communist China," bringing history to bear on a most contemporary problem. He noted that ancient Chinese medicine including moxa, acupuncture, and pulse lore are employed daily in mainland China by family practitioners. The supply of such physicians is plentiful so that every family has ready access to medical care although not in the western style to which Americans are accustomed. Following Dr. Bowers' talk, a small dinner was hosted at the West Hamilton Street Club by Dr. and Mrs. Woodward.

The Medical History Society's program for 1970-71 has not yet been formalized. Tentative plans call for four or five lectures on the history of medical education in the United States. Such a program would naturally center, in part, around the many contributions of the University of Maryland to 19th century American medicine. When the program is finalized, sufficient notice will be given so that interested alumni, faculty and students may attend.

### 1969-1970 Program

- |       |   |      |  |
|-------|---|------|--|
| 10/6  | "The Egyptian Asklepios"<br>Dr. Frank Carozza                       | 1/5  | "Circulation of the Blood Before 1628"<br>Dr. Mark Applefeld                             |
| 10/20 | "Biblical Medicine"<br>Mr. Harvey Kranzler                          | 2/2  | "Moliere and the Doctors"<br>Dr. Paul Fiset  |
| 11/3  | "The World of Avicenna"<br>Dr. Muhammad Zahir                       | 2/16 | "William Hunter and His Magnum Opus"<br>Dr. John Savage                                  |
| 11/17 | "Renaissance Medicine"<br>Mr. John Blotzer                          | 3/2  | "William T. Councilman and the New Medicine"<br>Dr. Frank Carozza                        |
| 12/1  | "Disease in Shakespeare's England"<br>Dr. Ross Kessel               | 3/16 | "Problems and Perspective in the History of the Brass Microscope"<br>Mr. Raymond Shaffer |
| 12/15 | "Sir Thomas Browne and <i>Religio Medici</i> "<br>Dr. Robert Buxton | 5/18 | "Medicine and Society in Communist China"<br>Dr. John Z. Bowers                          |

### Curriculum Office Established

#### Dr. Frederick J. Ramsay Named Director of Continuing Curriculum Study

Dr. Frederick J. Ramsay, of the Department of Anatomy, has been named Director of the Office of Research and Medical Education at the School of Medicine.

A member of the faculty since 1964, Dr. Ramsay spent a year at the Center for the Study of Medical Education conducted by the University of Illinois School of Medicine in Chicago. Dr. Ramsay's office will head an ongoing study of the curriculum in the School of Medicine relating to faculty, students, curricular content and particularly the incoming students and their reaction to the curriculum.

A native of Baltimore, Dr. Ramsay holds degrees from Washington and Lee University and from the Illinois University School of Medicine.

Dr. Maureen Henderson, Professor of Preventive Medicine, has been awarded a Southern Medical Association Research Grant for the study of the epidemiology of Mongolism.

# Faculty

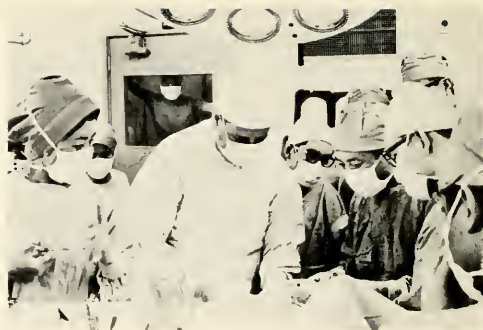
## NOTES

**Dr. Vernon M. Smith**, Professor of Clinical Medicine and Head of the Department of Medicine at the Mercy Hospital, continues active in many related fields of postgraduate education. During 1969, he directed a second postgraduate course in gastrointestinal endoscopy. Another paper was given at the annual meeting of the Southern Medical Association relating to Polaroid photography of the gastrointestinal tract. Later in the year, he was visiting lecturer of the University of Tennessee Research Center and Memorial Hospital in Knoxville, Tennessee.

The author of more than 58 technical publications relating to internal and gastrointestinal diseases, Dr. Smith has recently been named President-elect of the Maryland Society of Internal Medicine.

### **Dr. William H. Mosberg** **Surveys Neurosurgery in Orient**

From May to June, 1970, Dr. William H. Mosberg, Assistant Professor of Neurological Surgery in the School of Medicine, as a representative of the Foundation for International Education in Neurological Surgery, conducted an extensive tour and study of neurosurgery in the Far East; Dr. Mosberg also represented CARE-MEDICO. His first inspection was at the Okinawa Central Hospital where he conducted operative clinics on the neurosurgery service which is under the auspices of the University of Hawaii extension program. His activities included outpatient and in-patient ward rounds, lectures and operative clinics. During inspection of facilities in the Philippines, studies and instructive rounds were held at the Philippine General Hospital and at the University of the Philippines, where the service is under the direction of Dr. Victor Reyes. Other clinics and studies were undertaken at Santo



Photograph taken during a neurosurgical operation at Okinawa. Dr. Mosberg (in white) operates. Dr. Masao Maeshiro (r), a former resident at the University of Maryland Hospital, assists.

Tomas University Hospital in Manila. Dr. Mosberg also extended his tour to Djakarta in Indonesia.

### **Dr. Robert B. Schultz**

**Dr. Robert B. Schultz**, Professor of Pathology and recently Acting Head of the Department of Pathology, will leave the School of Medicine to enter private practice in pathology at Fort Meyers, Florida.

A native of California and an alumnus of Yale University School of Medicine, Dr. Schultz has been active in development and research at the School of Medicine specializing in tissue culture and chromosomal abnormalities.

In recognition of his experience as a teacher of pathology, Dr. Schultz was awarded the student "golden apple" prize at the Commencement, June, 1970.

**Dr. Thomas B. Connor**, Professor of Medicine and Head of the Division of Endocrinology and Metabolism, has been elected to membership in the Interurban Clinical Club founded by William Osler in 1882.

**Dr. Sheldon E. Greisman**, Associate Professor of Medicine, has been elected to membership in the Association of American Physicians.



## The New Clinical Curriculum

Joseph S. McLaughlin, M.D.

PUPIL: *We cildra biddap pe, eala lareow, paet pu taece us spreca rihte, for-pam ungelaerede we sindon, and gewaemmodlice we sprecaþ. (We children beg thee, oh teacher, that thou teach us to speak correctly, because ignorant we are and corruptly we speak.)*

MASTER: *Wille ge beon beswungen on leornunge? (Wish ye to be beaten in learning?)*

PUPIL: *Leofre is us beon beswungen for lare paenne hit ne cunnan; ac we witan pe bilewitne wesan, and nellan onbelaedan swincgla us, buton pu bi togenydd fram us. (Dearer is to us to be beaten for the sake of learning than it not to know; but we know thee kindly to be, and not to wish to inflict blows on us, unless thou be compelled by us.)*

The lesson to be learned from the Old English dialogue (Circa 910 AD) between the Abbot of Eynsham and his pupils is that through the ages students have eagerly sought knowledge and the intellectual and material good it brings. Parenthetically, teachers have a stake in their pupils and though one may quarrel with the Abbot's teaching aids, there is no doubt that he was profoundly interested in his students and their progress. So it is today.

Approximately two years ago the curriculum committee turned its attention to the clinical years program. The face of medicine had altered radically since the previous overall revision of the clinical curriculum in 1955. The body of knowledge had increased greatly and changes in emphasis were everywhere apparent. Specialization had become the usual course, not only for the traditional disciplines, but for a number of recently

evolved sub-specialties including family practice. These changes in volume and direction had been met on a departmental basis and during the preceding years a number of course and scheduling modifications had taken place. Many of these changes had proven worthwhile and at times greatly improved the presentation of a particular subject. However, examination of the total program revealed a lack of overall coordination. There were conflicts in scheduling and redundancy in course material. Quality of experience varied. No official provision was made for those students who were engaged in research or clinical programs apart from the formal course of study. Insufficient attention was being paid to preparation for specialization. In short, the structure of the curriculum was not coping with its academic evolution. With these factors as a basis, complete examination and revision was considered the proper course.

The initial efforts of the committee consisted of a review of the various curricular changes that were taking place in the United States, Canada and the United Kingdom. Prototype curricula were available from the literature, but critical evaluation and results were more difficult to obtain and most often were elicited by correspondence and private conversation and from attendance at conferences and seminars. Faculty members from various schools were invited to speak before the committee and committee members visited representative universities. All department heads spoke before the committee and the committee met with faculty members of all departments, and with representatives of the student body and house staff. The various curricula, their philosophies, goals, failures and successes were evaluated per se and in relation to our unique situation with regard to our faculty and student body and to our present and proposed physical facilities. A philosophy was developed, goals were identified and prototype curricula were formulated. One of these was presented to the annual meeting of the faculty and student body in June 1969. The basic curriculum was overwhelmingly approved: some logistic modification

Dr. McLaughlin is on sabbatical leave at the University of Edinburgh, Scotland.

subsequently was carried out on the basis of suggestions resulting from the meeting. The final version was presented to the Faculty Board July, 1969, where it was approved with minimal change.

The volumetric expansion of knowledge taking place in the scientific world has produced a situation in which no one can expect to acquire knowledge in depth in all areas. Further, specialization while increasing the academic load in some areas has subtracted from the body of specific knowledge necessary in others. A psychiatrist has little need for a knowledge of surgical technique and a surgeon little need for the intricacies of psychoanalysis, yet both must be familiar with basic medicine and with each other's purpose and philosophy if they are to function as an effective team in the treatment of psychosomatic illness. Similar analogies may be drawn in many areas. Thus a primary goal of the new curriculum is the provision of an experience in which one can learn the language of clinical medicine and assume the role of a physician. This requires that the student spend sufficient time in the major disciplines to learn the language, to see the philosophy in action and to relate the knowledge gained to other experiences. I purposely avoid the use of the currently popular euphemism "core curriculum" in this regard since a core (the minimum basic knowledge) of any subject is yet to be identified and if such an entity could be established it would soon be obsolete in light of accumulating knowledge.

The student, having experienced the various phases of clinical medicine, has the option of continuing in a broad based program or focusing his efforts in a more or less specific direction. In either event one is able to advance from basic medicine with personal education the major responsibility to more advanced levels with more specialized experience and increasing patient responsibility. This requires that the curriculum be adaptable to such a course and that the various departments provide study on increasingly advanced levels. Thus a second goal for the new curriculum is progression and

flexibility of experience which allows early choice of and preparation for specialization.

A program of the type described places an additional burden upon students and faculty and upon the administrative processes. Early in his career, the student is confronted with a choice between continuing a broad program or beginning specialization. The wrong choice could create a knowledge debt that would be difficult to repay. Therefore every aid must be given to the student to facilitate a proper choice. A system of faculty advisors with intimate knowledge of the student's abilities, performance and ambition is an absolute necessity. Superimposed, a committee, whose business it is to construct model programs, examine proposed programs and act in an advisory capacity to faculty advisors and students should assure a reasonable choice.

It is my feeling that advisors should be designated early in the student's medical school career. As the classes have become larger and instruction in some areas more impersonal, some students, and for that matter faculty members, have lost their personal identities. This is a great loss, for all profit from an interchange of knowledge, opinion and personality. An efficient, working student-faculty advisory system is most valuable. It greatly increases the student's security and develops the feeling of belonging to a profession by indicating that someone in that profession is interested in him as a human being. This is reflected in attitude and morale as well as in intellectual progress and in the moral tone of the entire university. These factors are particularly important today when too often emphasis is placed on intellectual achievement at the expense of the building of character.

Most faculty members agree that the philosophy and major goals of the proposed curriculum are correct, but the actual logistics present many problems. As expected each of us in the several departments believe that our subject is at least as important as any other and therefore requires at least as much time to present, a concept which taken to its logical conclusion requires a basic pro-

## MEDICAL SCHOOL SECTION

gram extending nearly the entire four years of medical school. Briefly stated, prolonged study and consideration and much discussion, persuasion and hard bargaining goes into the construction of the first clinical year before it reaches its present form. The resulting program when added to the foundation of the freshman basic science year and the sophomore transition year will adequately provide the student with the knowledge required for clinical or non-clinical medicine. This is not to say that the present program is perfect. Minor imperfections are apparent and hopefully will become increasingly apparent with time so that they may be corrected.

Logistically the junior year consists of a series of rotations through the major disciplines. One spends nine weeks in medicine and surgery and six weeks in pediatrics and obstetrics-gynecology. The third six week block includes a three week neurology rotation and an elective three week psychiatry rotation. The committee believes that neurology should be included within the basic year; but due to physical limitations only one half of the class will be able to matriculate at present. With the opening of the North Hospital Complex this situation will be rectified and in the interim other measures will be taken to insure basic appreciation of this discipline.

The content of the curriculum and the presentation of the subject material have been the object of considerable intradepartmental review. Many alterations and innovations have resulted. Suffice it to say that every effort will be made to present the basic principles of clinical medicine within and without the confines of the particular specialty. One hopes that a certain appreciation of the immense effort going into these changes will help smooth the rough edges encountered by student and faculty alike during the transition period.

The junior year extends from September until June, a total of thirty-six weeks. A summer vacation between the second and third year is considered desirable. This time can be utilized by students in academic

difficulty to resolve difficulties prior to beginning clinical medicine. Further, this period without obligation can be used for electives if these can be arranged (seniors will have first choice) and credit may be given for required or elective experience later in the program upon the discretion of the Department Head and the Dean's Office.

The senior year is now extended from nine to twelve months and requires matriculation for 36 weeks. The primary reason for running the program twelve months is to disperse the student load and thereby facilitate individual attention. This creates little or no hardship for the student. At present most students work in medical or para-medical jobs during the summer vacation for no medical school credit. Paying fellowships are available during the school year and experience from medical schools where the term extends through the summer vacation indicates that other paying positions are equally available if not more so during the traditional school term. The present program permits a choice of vacation periods as well as a choice of subjects and greatly facilitates planning for elective courses, sojourns to other universities and non-medical activities.

The senior year is elective with the exception of two blocks of time, one an ambulatory care experience and the other anesthesiology, ophthalmology and radiology as a continuum. Because of scheduling demands it was not possible to include the latter within the basic year. This is particularly unfortunate in the case of ophthalmology which unlike radiology and anesthesiology is not closely associated with another clinical program or programs. The senior term extending for twelve months will allow at least one half the class to complete this experience by January and since psychiatry is elective in the basic year and the sophomore summer is free other students may utilize this time to gain this experience provided facilities and staff are available.

Ambulatory care takes as its basic premise that most patients seen by a physician are seen in an office or out-patient context as opposed to a hospital environment. We en-



visage an ambulatory service dedicated to the education of the student, with service a necessary corollary but not the prime motive. One will see selected patients referred to the ambulatory service from various sources including the complex of neighborhood clinics. These patients will be examined, taken through an appropriate work-up and treated by the student under the supervision of a member of staff. Consultation and laboratory services and if necessary in-hospital services will work in close liaison. It is anticipated that a situation closely resembling medical practice carried out under near ideal circumstances will result. At present, a committee is exploring this concept and will soon present its recommendations for a program to be initiated in the school year beginning June, 1970. Other comments at this time would be premature.

The junior lecture series on Saturday morning have been discontinued. These lectures were designed to cover a wide range of sub-specialty material in depth. Many were excellent and the fact that more than 60% of the students attended this four hour long period early Saturday morning may indicate that some students feel the need for didactic presentation of material, a concept reinforced by student critiques. However, the committee felt that the format was not in keeping with the philosophy of presenting general basic information during the junior year and leaving the more specific sub-specialty material to be garnered later if the student so desires.

A series of Saturday morning conferences, an hour and a half in length, has been designed to present important and current subjects. These conferences will run

over a two year period and no subject will be repeated during this time. The major purpose is to present, in an organized manner, material considered basic to a physician's education but not necessarily covered in all student rotations. We anticipate that persons in the non-clinical departments, members of the faculties of our associated schools and visiting lecturers will be widely utilized, to make this series an informative and enjoyable one.

The present curriculum was made possible by a number of factors, not the least of which was the cooperation and enthusiasm of your faculty, who were called upon to work out the many details, at the same time being asked to put aside personal prejudice for the good of the total program. A special mention is due Drs. Scherlis, Linberg and Munford, my conferees on the clinical year sub-committee, and to the non-clinical and the two student members of the curriculum committee. The latter are to be applauded for they demonstrated great maturity in working diligently on a program from which they will not directly benefit. Finally, one should pay tribute to the computer, without whose impersonal genius no such program of many options and possibilities is attainable.

A curriculum is more than the allotment of hours to various departments. It presents a philosophy, helps develop a personality, and upon examination reveals the strengths and weaknesses of a university. The present curriculum does all these things and more. It indicates that students desire to learn and faculty wish to teach not only in the most efficient manner but in a manner where more than knowledge is given out and gained.



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## ALUMNI ASSOCIATION SECTION

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### President's Letter

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**President-Elect**

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LEWIS P. GUNDRY, M.D.

WILFRED H. TOWNSHEND, JR., M.D.

Dear Fellow Alumni:

I take this opportunity, on behalf of the Officers and Members of the Board of Directors, and for myself, to express sincere thanks to Dr. Wilfred H. Townshend, Jr., your outgoing President, for a most successful year as President. Dr. Townshend served with high distinction and strived continuously to improve our Alumni Association. His many visits with Dean Moxley cemented excellent relations with the Dean and continued close relations with the Faculty and the Alumni Association. I will endeavor to continue Dr. Townshend's good accomplishments.

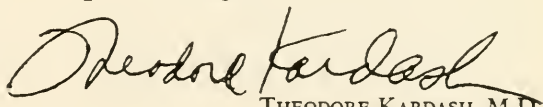
I would like, at this time, to extend a sincere invitation to Faculty Members, and to those physicians who have received training at the University and affiliated hospitals, to become members of the Medical Alumni Association.

Plans for the restoration of Davidge Hall still continue. As of this publication we have had three architects inspect Davidge Hall and all three reports were favorable. A Davidge Hall Restoration Committee has been formed with Dr. John O. Sharrett as Chairman.

The Alumni Annual Business Meeting was held on June 4, 1970. Dr. Wilfred H. Townshend, your outgoing President, presided. New officers and members of the Board of Directors appear on this page.

I look forward to writing additional letters to you this year. The Officers and Board Members offer their services and fullest cooperation of the Medical Alumni Association to improve our Medical School wherever possible.

Sincerely,

  
THEODORE KARDASH, M.D.  
President

## June Week, 1970

The Alumni Association began formal registration in Davidge Hall on Thursday, June 4, 1970. The Annual Meeting held in conjunction with other meetings of the University of Maryland Hospital Medical Association, the Douglass Obstetrical-Gyn Society, the Bradley Pediatrics Society, and the University of Maryland Surgical Society, was called to order by Alumni President Dr. W. H. Townshend. More than 200 members of the Alumni Association were present. A welcome was extended to all alumni members by Dean John H. Moxley, III, who was followed by a succession of Department Heads, each reporting on the activities of his Department.

Following these addresses a brief moment of silent prayer was held in honor and in memory of those members of the Alumni known to have died during the past year.

### Class of 1897

ARTHUR, WILLIAM RICHARD (P&S)  
ARTHUR, WALTER C. (P&S)

### Class of 1898

KELLER, CHARLES

### Class of 1899

KENNARD, HENRY WATERS

### Class of 1900

ENSOR, WILMER C. (BMC)

### Class of 1901

GARDNER, CHARLES W.  
RILEY, WILLIAM MADISON

### Class of 1903

TEEPELL, WILLIAM

### Class of 1904

BUSBY, JULIAN G.

### Class of 1906

PFLUEGER, GEORGE HENRY (BMC)

### Class of 1907

STROSNIER, CHARLES F.  
COOKE, TYLER GIBSON (BMC)

### Class of 1908

PALMER, HAROLD H.  
WISE, FRANCIS R. (P&S)

### Class of 1910

SEIDEL, HERMAN (P&S)  
BLANKENSHIP, WALTER D. (P&S)  
SMITH, ARTHUR CHARLES (P&S)

### Class of 1911

TRIPPETT, KARL HADDON (P&S)

### Class of 1913

MARR, ERNEST G. (P&S)

### Class of 1914

SHEA, RICHARD O. (P&S)  
DAILEY, GILBERT L.  
BLACK, WILLIAM P. (P&S)  
COOK, EVERETT LeCOMPTE  
DOVELL, CHAUNCEY E.  
BARBER, YATES MIDDLETON

### Class of 1915

THORUP, JOHN M. (P&S)

### Class of 1916

LUPTON, CHARLES HAMILTON  
FEINGLOS, ISRAEL J.  
DILLON, WILLIAM JOSEPH  
WILLIAMS, WILLIAM FREDERICK

### Class of 1917

HUFF, WHEELER O.

### Class of 1919

ROMINE, CARL C.  
PHILLIPS, LAWRENCE D.

### Class of 1920

PONTE, JOSEPH P. JR.  
COMAS Y CALERO, ALFREDO  
SHEPPARD, HENRY JR.

### Class of 1921

FREEDOM, LEON  
O'ROURK, THOMAS R.



ALUMNI ASSOCIATION SECTION

Class of 1922

GORDON, ELIAS

Class of 1924

MEGHAN, BURKE  
ROBERTSON, EDWIN M.

Class of 1925

ELGIN, LEE W.  
LONDON, DANIEL  
ELLIS, FRANCIS ALVA

Class of 1926

CALVIN, WARREN ELWOOD  
RATTENNI, ARTHUR

Class of 1928

LAMPERT, HERBERT HYMAN  
LITSINGER, EDWARD ANDREW

Class of 1929

VANN, HOMER KING  
WATERS, ZACK J.

Class of 1930

MILLER, ISAAC  
HILL, GEORGE D.

Class of 1931

LERNER, PHILIP H.

Class of 1932

LIEBERMAN, SAMUEL  
BOGORAD, DANIEL E.

Class of 1933

LIFLAND, BERNARD DANIEL  
TURANO, LEONARD F.

Class of 1934

BURGTORF, GFORGE EDWARD

Class of 1935

CUTLER, FRANK H., JR.  
BARNES, HENRY EUGENE

Class of 1937

SULLIVAN, THOMAS J.

Class of 1940

WAITE, MERTON T.

Class of 1941

PALMER, MARGARET VIRGINIA  
YANAGISAWA, KAZUO

Class of 1943

HASSLER, FRANK STANLEY  
MYERS, J. CARL  
KEADLE, ROBERT FRANKLIN

Class of 1944

INGRAM, WILLIAM BRAXTON  
EVERETT, JOHN T.

Class of 1945

HUTCHINS, HARRY

Class of 1949

STECKLER, ROBERT

Class of 1953

HUNTLEY, EARL STUART JR.

The President of the Alumni next recognized Dr. Abraham Harry Finkelstein of the Class of 1927. In part, Dr. Townshend said:

"It is my privilege at this time to introduce to you the recipient of the Honor Award and Gold Key, Dr. Abraham Harry Finkelstein. Most of us know him and a lot of this will seem unneeded, but for some of us I thought you might like a little resume of his past.

He was originally a native of Odessa, Russia, emigrating to the United States at

an early age. His early education was obtained in New Jersey, coming to Baltimore in 1923 to enter the School of Medicine. Following his graduation in 1927 he was awarded the honor of being the first intern in pediatrics at the University of Maryland Hospital, serving for two years under Dr. Summers and Dr. Joslin. In 1929 he was named resident in pediatrics at the Eudowood Tuberculosis Hospital and within the year was named director of the Children's Hospital at Eudowood. In 1954 he went to the Johns Hopkins Hospital where



Dr. Abraham H. Finkelstein receives Alumni Honorary Award and Gold Key from President Dr. W. H. Townshend.

he was named to the faculty, serving first as a consultant on the problems of childhood tuberculosis and later as assistant professor of pediatrics which he held until he retired in 1967 as Emeritus Assistant Professor of Pediatrics. Perhaps his greatest contribution to the University of Maryland School of Medicine has been in the organization and directorship of the out-patient pediatric department. Here all of us as students and his friends have known him, and we have known him most of all by the name of "Finky" and not as Dr. Finkelstein. He is still active in the practice of pediatrics; he is admired by all for his enthusiasm and for the gentleness and understanding of the infant, and of course for his care of his little preemies.

Dr. Finkelstein, as President of the Medical Alumni Association, it gives me great pleasure to present to you the Honor Award for 1970 which reads, "The Medical Alumni Association commends you for your out-

standing contributions to medicine and distinguished service to mankind. It is honored to name you among its illustrious graduates and also to present you with the Gold Key."

Dr. Finkelstein replied briefly and graciously, narrating several interesting anecdotes from the not too distant history of the school.

"Dr. Townshend, Dean Moxley, members of the Alumni and guests, when I recall the many distinguished physicians with whom I have had the privilege of being associated in almost half a century since I came to the University of Maryland, I feel humble in being chosen for the honor that is being bestowed upon me today. Any contribution which I may have made pales into insignificance when compared with those made by a host of illustrious graduates of the University of Maryland School of Medicine. I would be remiss if I did not mention and give credit to at least a few of the great physicians with whom it has been my good

fortune to be associated. Their encouragement and dedication has been an inspiration to all of us as teachers, as clinicians, and in research. Dr. Spencer in pathology, Dr. Douglas in gynecology, Dr. Shipley in surgery, Dr. Pincoffs and Dr. Woodward in medicine, Dr. Edgar Friedenwald, Dr. Bradley and Dr. Joslin in pediatrics immediately come to mind, but time will not permit me to give due credit to those many others for providing the background that has enabled the University of Maryland to attain the outstanding position that it occupies in the realm of medicine today.

A career in medicine is replete with serious experiences which have a profound influence on every physician. However, no history is complete without recording some of the amusing experiences which provide us with some of its lighter aspects. May I ask your indulgence to share with me some of these experiences?

I cannot help but remember my first encounter with Dr. Davis, professor of anatomy. Those of us who knew him knew him as a perfectionist. He called on me in one of my early classes to discuss the celiac axis. In my discussion I apparently had used the word "anasthemosis" incorrectly. Dr. Davis waited until the end of the hour and ushered me into one of the dissecting rooms adjacent to the lecture hall. I was greeted with the following opening statement: "Mr. Finkelstein, you lack the power of observation and I will prove it to you," he said, whereupon he proceeded to lead me out of the room and asked how many cadavers there were in the room. I was confident that there was one and so stated. He opened the door, and there literally staring me in the face were three cadavers, big as life! This demonstration was followed by his covering his tie with his coat lapels and asking me what color tie he was wearing. I ventured that the color was black—Dr. Davis asked me why I had picked black, and I replied that I thought a man his age would likely be wearing a black tie. When he uncovered the tie it obviously was not black. As you can imagine my interview failed to make a profound impression on Dr. Davis; my confi-

dence was not exactly bolstered by several students who offered to relieve me of my books at a fair price since they felt that I would not be needing them any longer! I might add, however, that Dr. Davis apparently did not feel that my shortcomings in anatomy were a reflection of my pediatric abilities and he later entrusted me with the care of one of his grandchildren.

Another stimulating experience occurred when one of my roommates, who was a devotee of the sport of kings, received a telegram from his father who was closely allied with affluent racing interests. The telegram suggested that a wager be made on a horse called "Tipperary Mary" in the 5th race at Laurel. Since the race was scheduled to go off at 4 o'clock and we had a class that afternoon I was delegated to leave class early in order to sojourn to Laurel. I was entrusted with \$60 from five of my classmates, money which I can assure you they could ill afford. My class that afternoon was in ophthalmology, with the late Dr. Kemler, one of the professors in ophthalmology, and we were assigned to examine the eye-grounds of several patients. In my haste to get away early I grabbed one of the ophthalmoscopes and proceeded to make a quick survey of both eyes without changing my position at the patient's bedside. In other words I did not walk around to the opposite side of the bed, where I could more properly examine each eye better. The examination consumed, as I recall, approximately one minute and that probably is a generous estimate. I then handed the ophthalmoscope to the next observer and proceeded to the exit, which believe it or not was barred by none other than Dr. Kemler. His question, in his inimitable accent, was "What did you see?" I replied and he said, "Mr. Finkelstein, did you see the fundus?" I replied that I thought I did. Whereupon he exclaimed, "What—you saw the fundus? Even with my long experience it takes me at least 20 minutes to examine the fundus, and you looked for one minute and you saw the fundus?" Needless to say, I spent the next hour looking at the fundus. I could end this story on a happy note by saying that the horse lost and I saved



the boys \$60—unfortunately, the horse won, and paid \$32 for \$2.00, which would have meant a matter of \$900, a not insignificant sum as you can imagine. My classmates had strong convictions, expressed in rather breezy language, that such stupidity could only be rewarded with a failing grade in ophthalmology. I must say now that I find it difficult to disagree with their opinion.

These experiences are but a few of many which may not have assumed an amusing aspect at the time, but in retrospect can be viewed in a less serious light. I would like to say at this time that while I feel that many graduates of our medical school are much more worthy of receiving this single honor than I, I am very grateful for your kind and generous consideration of my modest attainment. May I extend to you my deep appreciation and warm thanks not only for the honor I am receiving but for your encouragement and support of my participation in the medical school. I might add, however, that I really regard this participation as a distinct privilege. I thank you."

Dr. Samuel S. Glick graciously acknowledged the honor bestowed upon Dr. Finkel-

stein in behalf of the Department of Pediatrics. Dr. Glick's remarks were followed by proper applause.

Dr. Robert B. Goldstein, Treasurer, presented the annual financial statement (see below).

The annual election of officers next followed. Dr. Theodore Kardash, incoming President, briefly replied. The meeting then adjourned for lunch on the sixth floor of the Psychiatric Institute.

The following were elected:

President

Dr. Theodore Kardash '42

President-elect

Dr. Edward F. Cotter '35

Vice Presidents

Dr. Irving Burka '36

Dr. John C. Hamrick '35

Dr. Benjamin M. Stein '35

Secretary

Dr. Robert B. Goldstein '54

Treasurer

Dr. Arlie R. Mansberger '47

Executive Director

Dr. William H. Triplett '11 BMC

## FINANCIAL STATEMENT, MEDICAL ASSOCIATION

MAY 31, 1970

		MAY, 1970	MAY, 1969
TOTAL ASSETS IN BANKS, May 1, 1970		\$19,143.96	\$60,069.65
Assets in U.S. Treasury Bills		30,000.00	none
Assets in Univ. of Maryland Account		5,581.04	none
		<hr/>	
		\$54,725.00	
RECEIPTS, May 1-31, 1970			
Dues & Subscriptions	\$15,915.00		7,660.00
Restoration Fund	240.00		30.00
Interest	2,000.00		334.20
Alumni Day Activities	410.00	\$73,290.00	1,875.00
DISBURSEMENTS, from checking acct.			1,546.25
May 1-31, 1970	\$ 1,575.92		
		BALANCE = \$71,714.08	\$68,422.60

## ALUMNI ASSOCIATION SECTION

Executive Administrator  
Francis W. O'Brien

Executive Secretary  
Louise P. Girkin

Members of Board  
Dr. Martin E. Strobel '43  
Dr. Henry H. Startzman, Jr. '50  
Dr. Kyle Y. Swisher, Jr. '48  
Dr. William J. R. Dunseath '59  
Dr. William H. Mosberg, Jr. '44  
Dr. Charles E. Shaw '44  
Dr. Joan Raskin '55  
Dr. Donald T. Lewers '64  
Dr. Cliff Ratliff '43

Ex-officio Members  
Board of Directors  
Dr. Lewis P. Gundry '28  
Dr. Wilfred H. Townshend, Jr. '40

Nominating Committee

Ex-officio  
Dr. Lewis P. Gundry '28

Dr. Wilfred H. Townshend, Jr. '40

Elected at annual meeting  
Dr. Francis J. Borges '50  
Dr. Ernest I. Cornbrooks, Jr. '35  
Dr. John F. Strahan '49

As a feature of the annual meeting the Alumni Association presented to Dean Moxley a glass-enclosed medal struck on the occasion of the sesquicentennial of the School of Medicine.

Several reports were next rendered, the most important being the President's report which follows:

### PRESIDENT TOWNSHEND'S ADDRESS

"As I come to the end of my term as President of the Alumni Association I look back with regret that I was unable to fulfill all of my duties all of the time, but I am happy to report that we have continued to make



Dr. John H. Moxley, III, Dean, School of Medicine, is shown receiving from President Wilfred H. Townshend, Jr., President, Medical Alumni Association, a copy of the School's Sesquicentennial Medal.

progress throughout the year. I would like to thank all of the officers and directors of the Medical Alumni Association without whose help we would never have been able to have achieved the many things that we have. As you remember, last May we employed Colonel O'Brien as full-time Executive Administrator, who has supervised the day-by-day activities of the Alumni Association Office and who has been responsible for the increased communications to you from the Alumni Office, the sending out of thank-you notes when your dues are paid, the sending back of membership cards, a yearly calendar, business return envelopes, are all but a very small part of the increased efficiency of the Alumni Office. During the past year your Executive Administrator recommended to the Board of Directors, and the Board approved the transferring of funds from low interest savings accounts to the purchase of United States Treasury bills which have come close to paying twice the amount of interest. This money has again been reinvested and we hope will continue to pay double the interest. In addition to this, alumni funds have been saved by opening a purchasing account with the University of Maryland whereby all stationery, printing and other supplies are purchased at substantial savings to the Alumni.

The *Bulletin* is in the process of revision and at a recent editorial board the employing of a full-time managing editor was approved and it is now hoped that we will be able to send you the *Bulletin* on time, that it will be of more interest, and will be an entirely new and exciting journal. It is hoped it will be filled with information about you, the faculty, and any interesting events that occur as well as special scientific talks and other scientific papers. We hope that it will really be interesting to the entire family. Dr. John Wagner will continue as Editor-in-Chief.

Throughout the year it has been my privilege to have been closely associated with Dean Moxley and for the first time in years there is indeed a closer relationship between us so that in the future we hope that we can make some real progress in making our

school one of the best in the country. With this in mind I have asked Dean Moxley on several occasions how we can help to improve our school. At our last board meeting I invited Dean Moxley to meet with us, and in a frank exchange of ideas and questions he discussed with us what we can do. Not all of us have agreed with the changes that have taken place during the year, and no one can expect it to be this way in our free and democratic society, but the least we can do is to listen, to discuss our differences freely, and to try to understand the reasoning behind such changes. Once this is done I then think we can begin to work together. Certainly our image as physicians has changed considerably during the past few years and with ever-increasing demands upon us by the public. The public is still viewing us differently and at times expecting more than we can give, and at other times is indeed right in saying that we are not doing our part. There are many things that we can do, but one thing as Dean Moxley has pointed out to us is that we need to make the public aware of the changes that are taking place in medicine, and to make them aware of the difficulties we are having to fulfill the demands upon us. We are one of the oldest medical schools and centers in the United States, but in order to continue to improve we need increase in financial support both from the state and from the public. Here is one of the ways we as alumni can help our school. We can explain our need to our patients, to our legislators, and we can try to make them understand the problems we face and why we cannot always fulfill their desire, and also our desire. In doing so we can seek their help in applying pressure when the legislature convenes with the hope of increasing the funds which the state allocates to the School of Medicine. One would hope that when the occasion arises we would also do our part to influence foundations, patients and other public institutions so that they will donate or grant funds so that we can continue the necessary work here at the school. In this way with cooperation from everyone, we can increase our faculty, our physical facilities, and our



research ability and make our school into the truly great medical center that it should be. It has been an honor and a privilege and a pleasure to have served as your President and I am truly grateful to you for the opportunity."

President Townshend next introduced Dean Moxley and a number of Departmental Chairmen whose reports on their departmental activities follow.



Dr. George H. Yeager, Director  
University of Maryland Hospital.

### University of Maryland Hospital

Dr. Townshend, fellow alumni and guests. Many medical topics have been discussed this morning. My remarks will be confined to the hospital. Since the time when most of us were medical students the curriculum has undergone tremendous changes. Junior and senior medical students now spend practically 100% of their time in the hospital environment. Those of us who knew formalized class assemblies and lectures would be somewhat astounded to realize that the junior and senior classes never assemble as a class. Teaching is on a more personal basis with small groups and more oriented toward the bedside. This seems somewhat of a paradox from the viewpoint

of nursing, since nursing has gotten away from bedside teaching to a very great extent. Medical school teaching has more and more returned to the original concept of the University of Maryland Hospital when it was constructed in 1823. Historically, as you may recall, the original University Hospital was constructed for the primary purpose of student demonstration and bedside teaching.

The present hospital building was finished in the early 1930's and until recently no worthwhile program had been developed to modernize it in conformity with modern standards.

Any hospital that is located in an urban downtown setting has a competitive disadvantage from the viewpoint of attracting private patients. We feel that private patients are very essential if an adequate and balanced teaching program is going to continue. It should be realized that the clinic patient, such as we have known in the past, is disappearing. More and more patients are being covered by third-party payments and justifiably are demanding the same accommodations as private-paying patients. From that viewpoint the "ward" areas have been undergoing intensive renovation. The 3rd, 4th and 5th floors are now the equal of the private and semi-private accommodations on the upper floors. All patient areas are being air-conditioned. Dr. Buxton has alluded to the intensive care units. We have a multiplicity of them. Actually there are six in the hospital, five in use, and when the addition is completed there will be two more.

A private duty nurse is now paid \$36.00 for an 8-hour shift. This becomes financially overwhelming to the average patient. Many private duty nurses are unable to meet the requirements for care of the critically ill patient, such as our hospital now admits. The type of patient coming to the University is changing. There was a time when we had a high percentage of patients having comparatively short-term procedures. We find that we are having fewer and fewer of that type. Each year we have more closed and

open heart surgical procedures, more pneumonectomies and more complex surgical procedures. Dr. Buxton has alluded to the dialysis program and the kidney transplant program, Dr. Woodward has referred to some of our complex medical problems and Dr. Cornblath to pediatrics, and Dr. Haskins to the problems of Obstetrics and Gynecology. The hospital is becoming an institution for more and more demanding problems requiring very acute, very intensive nursing care. I am sure that in the future the private duty nurse, such as we have known, will not be utilized, at least with this type of patient. Critically ill patients will more and more be placed in intensive care units and remain in those units until they can be cared for on the basis of routine service on the floor.

There are several exciting things going on from the viewpoint of the hospital. As you know we have a big hole in the ground to the north of the hospital. This is a \$24 million addition including equipment. It will add approximately 252 beds. This doesn't sound like many beds for a 13-floor addition, but basically the first six floors will be for ambulatory patient care. We are ultimately going to have a school of allied health sciences. We now have a school of physical therapy. Planning has envisaged that there will be more and more students in patient areas, therefore, an abundance of classroom space will be available. The Veterans Administration has committed itself to placing a hospital on this campus. Dr. Moxley may allude to it in detail. The premise is that the Veterans Administration Hospital will not be two or three blocks or half-a-mile away from the current hospital, but that it will be interconnected to the University of Maryland Hospital at various levels. This will permit avoidance of duplication of certain facilities. This is an

exciting concept. In addition, there are plans for a community mental health facility on the campus that will add approximately 200 beds. Actually, in this area we should have between 1700-1800 beds, with the Veterans Administration Hospital communicating to the general hospital.

The campus has been in a physically deteriorating part of the city. A real campus atmosphere in this area is now planned with landscaping and proper lighting. The city fathers have accepted the concept that Greene Street will not be a through street; hopefully someday it may be closed and become a mall. The plans are that the thruway between Baltimore and Washington will move to Paca and Eutaw Streets. In addition, the Inner Harbor Renewal will touch on our campus. For those of you who reside in Baltimore I am sure that you are familiar with the Inner Harbor Renewal plans. For those of you who live elsewhere, let me point out that the Inner Harbor Renewal will start at the waterfront at Light and Pratt Streets. It will be basically a complex of townhouses and apartment houses. There are several schools planned for the area and vast recreational areas. It is not a commercial type of undertaking from the viewpoint of manufacturing or light industry. This renewal will extend to the corner of Paca and Lombard Streets. On the immediate periphery of our campus there are plans for townhouses and apartments. We believe that the University will probably be in the most enviable part of the city from the point of view of beauty of campus and the fact that it is near the downtown part of the city and the Charles Center. Pratt Street is to become a landscaped boulevard. It is my personal impression that we are going to have a very exciting, very delightful medical complex in a very pleasant part of the city.



Dr. Theodore E. Woodward, Professor and Head Department of Medicine.

### Department of Medicine

It is my pleasure to speak with you and greet familiar faces again. My comments will attempt to relate our traditional and proud heritage with the present. In 1950, the budget of the Department of Medicine was about \$40,000; it now approaches \$900,000. There are approximately 40 departmental teachers salaried at various levels; there are more students, more obligations and more problems. Most of our graduates enter medical practice and there is a wholesome swing back toward general practice, which is good. There is a full-time, salaried general practitioner on our faculty, salaried part-time general practitioners, or family physicians, if you prefer. About a third of our graduates become practitioners and teachers while a significant number engage in teaching, research and limited practice.

Let us turn the clock back. Perhaps there are graduates of the Class of 1920 with us this morning. These are the fifty year alumni who began their medical education in 1916. They antedated insulin which was inaugurated in 1922; there was no liver extract, no antibiotics. Patients with myocardial infarction were thought to have acute indigestion

or acute dilatation of the heart! Times have changed and we are now more sophisticated; yet, we remain ignorant in many ways. Now a few important vignettes from the past.

Shown on the screen is Henry Rose Carter who was nominated for the Nobel Prize. Walter Reed credited him with the idea that there was a delayed or an external cycle before a person contracted yellow fever after patient contact. Henry Rose Carter graduated from our school in 1878. He was born in Virginia near Charlottesville. After graduation, he entered the Public Health Service and was assigned for service in Louisiana. Here he observed the patterns of yellow fever among passengers and crew members coming to New Orleans from ports in South America. The first cases of yellow fever occurred soon after ships left port; then there were no cases for several weeks. Yellow fever then struck again on shipboard after long voyages. He proved his concept of the existence of an external cycle by carefully observing patterns of illness in contacts of patients during yellow fever epidemics in two towns in Mississippi. Reed gave Henry Rose Carter credit for having stimulated him to look for the incubation cycle in the mosquito.

You are aware of James Carroll's contribution to our knowledge of yellow fever. A plaque honoring him hangs in the hallway of this historic building.

The next prominent alumnus is Dr. Samuel T. Darling. Note that the Van Dyke is well-groomed even in 1903, when he graduated. Dr. Edgar Friedenwald, who died several years ago, was his last living classmate. Dr. Friedenwald related to me that Sam Darling was brilliant and led his class in scholastic honors. He trained at the Mercy and Baltimore City Hospitals. He joined the Public Health Service and was assigned to Panama as a pathologist. Old physicians identify histoplasmosis as Darling's disease.

Shown in the next slide are several sentences taken from his classic article which read:



"On December 7, 1905, while examining smears from the lung, spleen and bone marrow in a case that appeared to be miliary tuberculosis of the lungs, I found enormous numbers of small bodies generally oval and round. Most of them were intracellular in alveolar epithelial cells, while others appeared to be free in the plasma of the spleen and rib marrow. Tubercle bacilli were absent. . . ."

The small parasites which he visualized in histocytes of splenic and hepatic tissues had a dense central core and a halo. He called these parasites *Histoplasma capsulatum* assuming that the halo was a capsule. Ronald Ross, who described the mosquito transmission of malaria, suggested that Darling's parasites resembled those described by Leishmann and Donovan. This prompted Darling to label his new found disease as a protozoan. It was not until two decades later that the fungal etiology was clarified. Nevertheless, an alumnus of our school described a new disease. Darling later became an authority in epidemiology and tropical medicine. He died following an automobile accident in 1925.

The next prominent personality is Gordon Wilson, who, as Professor and Chairman of the Medical Department, was eminent as an educator and practitioner, particularly in the field of tuberculosis. Many quotes have been ascribed to Gordon Wilson; one statement made in 1924 is worth recounting. "Medical education today is in a period of flux and one is not quite sure if the outcome will be satisfactory. One cause for unrest today is the failure to realize that the laboratory sciences are confirmatory rather than diagnostic." Such statements need to be made and should remind us that fundamentals of taking a history and performing a thorough examination remain the hallmark of good medicine.

The next photograph is of Dr. Maurice C. Pincoffs taken on the occasion of the third annual lecture given in his honor. Also shown is Dr. Irvine Page who gave the lecture in Davidge Hall, and Dean William Stone. Dr. Pincoffs taught medicine to many

alumni who are here today.

Let us briefly relate current interests of the school in relation to our predecessors. Work in infectious diseases continues. Drs. Hornick, Snyder, Greisman, Rapoport, DuPont and others are studying infectious problems which not only relate to our own environment but investigate illnesses of global importance. They are making excellent contributions to our knowledge of the efficacy of biological vaccines and pathogenesis of infectious diseases. Dr. Wisseman and his staff investigate arbovirus infections including dengue and yellow fever which are transmitted by mosquitoes. Encephalitis, an arbovirus infection which is important on the Eastern Shore of Maryland, is under investigation. Histoplasmosis is being investigated and Dr. Rapoport is exploring a new technique for administering Amphotericin. This is a toxic drug which he employs by using an intermittent treatment schedule.

Interests in medical education displayed by Dr. Gordon Wilson have not been abandoned at the University of Maryland School of Medicine. A bold new program which provides considerable elective time is beginning this year. Much of its success depends upon a faculty-student advisory system and places much responsibility on well-motivated faculty members and students. We have more resources including a larger faculty but there is more to teach. Some surgical procedures require as many as 18 highly skilled persons working collectively. The additional medical manpower required in intensive care units does save life. Drs. Scherlis and Salan pioneered the teaching of resuscitative techniques and have disseminated this type of capability throughout the city and state and country. These units save the lives of men and women who have many potentially productive days ahead of them.

Let us focus momentarily upon Dr. Pincoffs' lasting medical contribution other than his uncanny ability as a teacher and clinician. He showed that a tumor of the adrenal gland elaborates epinephrine and that such patients' hypertension may be

cured. Working in collaboration with Dr. Arthur Shipley the tumor was removed successfully. Work continues here in the endocrine and metabolic field. Dr. Connor helped develop the concept of unilateral renal disease as a cause of hypertension. The renal group which Dr. Buxton mentioned includes Drs. Lubash, Young, Revell, Borges and Flotte, all of whom have brought us a long way in our knowledge of renal disease and capability to replace kidneys. Much good investigation relates to calcium metabolism, the relation of hormones to carbohydrate metabolism and the metabolic aspects of thyroid hormone and catecholamines. Drs. Wiswell and Martin are important members of the metabolic team. This year a medical student helped design an immunochemical assay for parathyroid hormone.

We respect our proud past and attempt to impart these traditional fundamentals of medicine in our educational program.

It has been my pleasure to share these events with you fellow alumni. We have a proud heritage.



Dr. Marvin Cornblath, Professor  
and Head Department of Pediatrics.

### Department of Pediatrics

Dean Moxley, Dr. Townshend, Ladies  
and Gentlemen, as the newest department

head it is my privilege and pleasure to report to you the accomplishments for the whole department of pediatrics rather than for myself. When I came here, there was already a great tradition and a commitment to excellence in service and teaching to the community and to the state, and I think that this is exemplified by the honor you are giving to our own Dr. Finkelstein today at noon. Dr. Bradley had already established a fine program with the brilliant foresight, I think, to have affiliated residency programs in a number of community hospitals in order to train more physicians in pediatrics as well as to maintain and to improve the clinical services in the community hospital to all children and all physicians. Dr. Bradley had already established preceptor-type experiences for medical students and had realized the value of having students taught not only at University Hospital but at such hospitals as Mercy where full-time pediatric chiefs existed. Certainly, our concern and our commitment to our neighborhood was exemplified long before I came here by the development of the Community Pediatric Center, by Dr. Raymond Hepner. This was developed and came to fruition during the able stewardship of Dr. Karl Weaver, who was Acting Chairman of the department as you know. Today we care for 10,500 children in our immediate area. Dr. Hepner, after developing this exemplary service, has asked to have more time to devote to his research in nutrition. Fortunately, we have able staff to step in and head up this community program and Dr. George Lentz will be its director in July.

All these programs were initiated and started long before I came. All I had to do was to build upon a firm foundation of teaching, service, and research. What we have done is what I would like to describe next and then a word or two about our future plans.

In the past two years we have extended our teaching into the freshman and sophomore years, particularly in the freshman year. Again, I think this has developed in an interesting way. About a year or 18 months ago there was an acute shortage of

nurses and aides in our Emergency Room. At that time we had the advantage of having a former nurse who is now an M.D. on our faculty, Dr. Barbara Hudson, who developed a nurse assistant program for the freshman medical students. Well, all you have to do is tell a freshman medical student he can touch a patient and you have volunteers by the droves. They came in, trained as nurse assistants, worked as many as twelve hours a week in the pediatric ward in the Emergency Room, and truly worked as nurses. We expect to see the benefit of this program as these students approach the clinical years and come on to the wards understanding patients better than we did after our two years exclusively in the laboratory.

In addition, we tried to establish a program of allowing freshmen to see a newborn baby, either in a private pediatrician's office or at the Community Pediatric Center, and to follow this baby throughout the four years of medical school. This would provide for him a concept—a dynamic concept—of growth and development. In our first year we offered this as an elective. Eighty-seven freshmen students volunteered; unfortunately we were only able to supply them with sixty babies. As far as clinical teaching and training in the Junior year, we are pleased with our experience at Mercy Hospital, and feel that with fewer students on any one service the individual student has more experience and learns more of the skills that Dr. Woodward described so ably. The student then has an opportunity to have an optimal experience with the patient, with clinical medicine, with the tools and skills so necessary for the physician today. As a result, we now have students at City Hospital and Sinai Hospital in their junior clerkships.

Two years ago we initiated electives for seniors. As you know in the upcoming curriculum, almost the entire senior year will be elective, but we have been providing this for our senior students in pediatrics already. The students have taken a variety of experiences—one with a pediatric neurosurgeon, others in private physicians' offices, others around

the country. As a result, 9 to 10 students each year are going into pediatrics and I am proud to say they are going into the best internships and residency programs in pediatrics all over the country. I sincerely believe that our program is the best of all of these but some elect to go elsewhere and have gone to the University of California at San Francisco, Albert Einstein School of Medicine in New York, Stanford University, the University of Colorado, and elsewhere.

As far as our own residency training program we have doubled our resident house staff within two years. We will have 7 interns, 12 residents, and 3 chief residents as of July 1970. We have established an active program in collaboration with the Division of Family Practice of the Department of Medicine, to train interns and residents in family practice. Since half of the patients these family practice physicians will see will be children, we have a commitment to teach them as much as we can about pediatrics.

Our research division is expanding and successful. We have moved into new quarters recently on the third floor of the Bressler Building and we invite each of you to come and visit. Dr. Tyson Tildon is the Acting Head of this Division.

In April, I am proud to report, the Department of Pediatrics presented two research papers at the national pediatric meetings, one describing a heretofore unknown metabolic disease. This gives me a great sense of pride since within the Department of Pediatrics work was done by our house officers in collaboration with the research division and our research group at the Rosewood State School.

What other programs does the department have? The staff is concerned with providing pediatric care for the children at the School for the Blind. There are 331 blind children there who need pediatric care. We are initiating a program to provide this care. The department established a Citizen's Council from our neighborhood so that the people can tell us how we might better provide patient services. Certainly the only way



## ALUMNI ASSOCIATION SECTION

to teach and to train a medical student to be a good physician is by example, by showing him the best way to provide service and to be the most skilled and expert physician that he can. Our staff have been active in Public School #1 which is just down the block. This school is for teenage mothers, some of whom are married. These girls are in junior or senior high school and are pregnant. We have been able to help them throughout their pregnancy in order to have better babies and to provide care for their babies.

For our pediatric staff, both part-time and full-time, evening staff meetings have been initiated with outstanding visiting lectures. It has been gratifying to me to have as many as 30 to 50 practitioners come to these meetings to learn because their main interest is in maintaining their skills in pediatrics.

What are our future plans? Well, just two weeks ago the department examined our residency training program. The faculty realized that many of our residents go into practice and we are proud of this. The staff also recognized that many of the house officers have complained—just as our alumni have complained—that training of a pediatric house officer has little to do with the realities of life or the practice of pediatrics. Our entire faculty spent a day at College Park exploring ways in which we could modify our residency programs and make them relevant to the physician's career choice. As a result we are going to set up three different tracts—for the physicians who plan to go into practice, for those who plan to do community service and medicine, and for those who plan an academic research career. After a basic experience in general pediatrics of some 18 to 20 months, the resident can devote the next 12 to 18 months in elective opportunities; e.g. in doc-

tors' offices, in business management courses, learning many of those things that have been neglected prior to now in pediatric training. This new program has been enthusiastically received by the resident staff. I do not know how long it will take us to introduce these changes but we are on our way and we are going to try it.

Our faculty in pediatrics is expanding. I wish I could report as affluent of a budget as Dr. Woodward reported to you, but I am afraid our budget does not approach that sum. However, we are still looking for new faculty. We have some progress to report. As many of you know, Dr. Milton Grossman, endocrinologist, left a year ago to become the Chief of Pediatrics at the Sinai Hospital in Miami Beach and a Professor of Pediatrics at the University of Miami. He will be replaced by Dr. Salvatori Raiti who will be the Director of the National Pituitary Agency as well as our endocrinologist. This past year Dr. Priscilla Gilman has joined our faculty as Head of Hematology and Doctor Fima Lifshitz will be joining us in metabolism. Our objective in recruiting specialists is to provide service and consultation to all patients throughout the area, the city, and the state.

When the North Hospital opens a new adolescent unit, which will be used by every service in the hospital, will provide the proper environment for your adolescent patient. What I have outlined represents only a thumbnail sketch of the present and the future. In conclusion, I would like to quote John Gardner who says "Society is better not only by those who achieve it but by those who are trying." Finally, I close with showing you the seal that was just developed for the Department of Pediatrics by one of our faculty and summarizes our attitudes and our goals in pediatrics.

Thank you very much.



Dr. Eugene Brody, Professor and  
Chairman Department of  
Psychiatry.

### Department of Psychiatry

I'm glad to tell you something about what's happening in the Department of Psychiatry. Lets begin by speaking for a moment of the field itself.

Modern psychiatry rests on a kind of tripod.

One leg of the tripod consists of information and theory from the physical and biological sciences, and what is learned from the practice of general medicine.

A second leg includes clinical psychology and the social and behavioral sciences. These are sociology, anthropology, and experimental psychology. Neurobiology and related studies of human development and animal behavior may be included here. Others with a broader view believe that the sciences of behavior should be expanded to include aspects of linguistics, history, geography, economics, and any other discipline which contributes to an understanding of man as part of an ecological system.

The third leg of the tripod is made up of theory and information from psychoanalysis and the practice of psychotherapy in its various forms.

This tripod constitutes the base, then,

upon which rests the clinical work of the psychiatrist. Small wonder that psychiatry suffers from a chronic identity crisis. The physician trained as a psychiatrist may move in a variety of directions. At one end of the spectrum he may retain a primary identity with medicine and conduct a practice in which the emphasis is heavily on drugs and physical methods of treatment. At the other end he may abandon most of the techniques and gadgetry of medicine and function as a psychoanalyst or an intensive psychotherapist. Here his identifications tend to be with psychotherapy as a profession rather than with medicine and his work overlaps considerably with that of nonmedical analysts, clinical psychologists and psychiatric social workers.

Recognizing this situation, and the failure of medical education to pay adequate attention to the behavioral sciences, Lawrence Kubie in 1954 proposed a solution. Dr. Kubie, now a distinguished member of our part-time faculty, who was then practicing in Manhattan, suggested a six year curriculum leading to a doctorate in medical psychology. This curriculum would include elements from medicinal education, from psychoanalysis including personal therapeutic experience, from clinical psychology, and particularly intensive work in the behavioral sciences. For a variety of reasons this proposal has not been adopted, but it has sparked a number of alternatives. These are being developed throughout the country in the form of alternative tracks leading to the M.D. degree. I believe that in many schools, including our own, we are moving toward an M.D. with an area of major concentration, for those who wish it, in human behavior. Administratively a number of departments of psychiatry now include the words "behavioral sciences" or "human behavior" in their titles to recognize this new tendency. It has been further reinforced by the recent decision, still controversial, of the American Board of Neurology and Psychiatry to abandon the internship requirement. In our department as in the other major ones throughout the country the problem of achieving a coherent progression be-

ginning with the premedical years and continuing through medical school and residency is a major preoccupation.

We recognize that students mature at different rates, that some are motivated and interested enough to begin a systematic focus on behavior at an early stage in their schooling, but that others may not wish this kind of specialization until they have had a chance to try their hands in other aspects of medicine. This means that flexibility and a number of available sequences are important. This kind of flexibility is expensive in terms of personnel and facilities; and the need for it comes at just the same time as increased pressure to graduate more physicians.

When I became chairman of this department our entering freshman class was 88. Soon it will be 155. Under these circumstances it is almost inevitable that as we develop particular programs for the most interested and gifted students in our own fields, there will be others who will become doctors with less exposure to all departments than in the past. This is a matter of concern to everyone involved with medical education, and it may well be that after some years of increasingly heterogeneous end-products a new Flexner Report will become necessary re-establishing standards of homogeneity again.

Another possibility is that we will move toward the Russian system and produce two kinds of doctors. One would be akin to the *feldsher* whose training is abbreviated, but who has the skills to handle every aspect of routine patient care. This person would be the primary physician. The other doctor would have full academic training, probably including work for a thesis. He would be the teacher, the investigator and the consultant. The person with full doctoral level training would have the necessary skills, whether psychiatric, medical or surgical. He would also, however, have a command of the basic disciplines from which the skills are derived.

So this matter of education in the broadest sense is one of the ongoing preoccupations

of the department as a whole. It has determined the establishment of new behavioral laboratories, and the appointment to the psychiatric faculty of new categories of personnel in sociology and experimental psychology.

Perhaps the other issue of broadest concern to us, also reflecting the ferment in psychiatry as a whole, is that of community mental health. The bulk of our faculty are not intimately involved in this issue, but the departmental planners rank this, along with the rising numbers of medical students, as the development which can either swamp us or provide us with our greatest current opportunities.

The problem is that there is no such thing as community mental health in the sense of special knowledge and techniques applicable by mental health specialists to the community as a whole. Social scientists have arrived at some indicators of what they call the integrity of a social system. These are the presence of viable social institutions (families, schools, churches, the judiciary etc.); of strong leaders responsive to community needs; of intact channels of communication between differing aspects of the community; equal employment opportunities and freedom from ethnic discrimination and so on. But these indices of community mental health reflect the operations of politicians, city planners, businessmen, and for that matter of history and cultural evolution—not of psychiatrists or behavioral scientists.

What we do know is, for example, that families with weak or absent fathers tend to produce sons who are vulnerable to self-narcotization or social withdrawal or homosexuality. And we know that racial discrimination makes it more difficult for fathers to obtain jobs, to maintain status in their families and therefore to function as suitable gender role models for their sons. We also know, for example, that interrupting the cycle of reproductive insult could reduce the numbers of institutionalized patients. That is, reducing the number of poverty-related illnesses and injuries during pregnancy, the



birth process and the early months of life. In other words the most significant preventive—lets call it preventive community psychiatry—doesn't call for the traditional one-to-one skills of psychiatrists—but requires attention to poverty, employment, discrimination, family planning, prenatal care and so on.

The community mental health center can ultimately become the place in which many of these activities are carried out. It can also provide a means of community integration. All this in addition to its most basic function, that of making psychiatric treatment psychologically as well as physically accessible to large numbers of people without totally severing their ties to the community. This is a tall order and one for which there are no guidelines. It is further complicated by a false assumption held by many in the community, namely, that there do in fact exist definitive treatments for the major mental disorders. Nonetheless, we are moving ahead with the development of a center immediately adjacent to the Baltimore campus. It is a pioneering venture in collaboration between the university department of psychiatry and the state, and the expected collaborative problems have been intensified by upheavals in the state system—the most important of which has been the establishment several months ago of a state secretary of health and mental hygiene with authority superseding that of the state commissioner of mental health with whom we formerly worked. We have also had, and will have more, problems with the militant community who rightfully expect a voice in the decision-making process. In the long view, however, this is par for the course in institution building, and the potential gain, I think, is worth the struggle.

I hope and believe that this will become a crucial bridge between the university and the community. It will be a manifest of our interest in improving the health and lives of those who surround the Baltimore campus. And it will provide an invaluable educational facility for the new generation of physicians and psychiatrists who must be-

come concerned with the health of the community as well as of the individuals who make it up.



Dr. Robert W. Buxton, Professor  
and Head Department of Surgery.

### Department of Surgery (1955-70)

The year 1970 marks in some ways the end of one era in the Medical School and the beginning of another. The current era of the Department of Surgery in the Medical School of the University of Maryland began in 1955. It is now 15 years since that beginning and time for a report upon the stewardship of the present faculty within this Department.

One of the reasons for the existence of the Medical School lies in its service to patients and to the people of the State of Maryland. To be sure, the care of patients has always been a large contribution of the University through its University Hospital and its many associated Community Hospitals. Perhaps more important has been the job it has performed in preparing young physicians for practice in the State of Maryland and in the United States.

During this 15 years now ending, the Department of Surgery through its six Divisions has given full Surgical training ex-

perience to 182 surgeons. Thirty-one per cent (58 surgeons) of these have remained to practice their surgical specialty within this State. I believe this a fair return to this State for its support and confidence over the past one and one-half decades. Whatever good these individuals accomplish relates in large measure to the instruction given by the many devoted surgeons on this teaching staff.

In the beginning of this period we were curious about the many biochemical changes which occur in people following injury, for much of our service to the people in Baltimore, and in the State was to the injured individual. This was not a new thing, for much had been learned of severe injuries during the World War which ended only a decade earlier. But not much was known of the character of the irreversible changes after trauma. It was to this end that our studies were begun. Later these were expanded and ultimately, under the guidance of Dr. R. Adams Cowley, it was proposed that an area be set aside within the Department of Surgery for the studies to be carried out of the animal laboratory to the patient. This culminated, as you now know, in the five-story building which houses 14 beds for acute, major trauma, a hyperbaric tank and extensive laboratories, all devoted to the study, the care and the rehabilitation of the massively injured person. Only recently has there been added a heliport for the reception of patients transferred to the unit by helicopter. This Trauma Unit is now quickly available to the citizens of this State.

Not rarely do patients succumb to acute kidney failure, following injury or following chronic, long-standing renal disease. Everyone who reads our newspapers knows that the effect of either acute or chronic kidney disease can usually be allayed by use of the artificial kidney and possibly by the transplantation of kidneys. The development of a substitute kidney was accomplished several years ago by a member of this Department; and more recently a group of surgeons, urologists, a medical renologist, and anesthesiologist have been responsi-

ble for the transplantation of kidneys in some 13 patients. This group of University faculty, under its Surgeon Head, Dr. C. Thomas Flotte, have carried the University well forward in the study, treatment and rehabilitation of Marylanders.

In this period of which we speak the Department has much improved its care of the patient with malignant disease and regularly, now, the care of patients with advanced cancer comes under the supervision of an individual, Dr. Robert H. Johnson, specially trained in these areas.

In each instance where extensive surgical operations and prolonged convalescence is required following surgical therapy, the patient is cared for in specially designed and equipped units. At the beginning of this present era there were no post-anesthetic Recovery Rooms, no intensive or special care units. In 1956 the first Recovery Room was opened on the Operation Room floor. Since then the present spacious Recovery Room and at least four Intensive Care Units have been opened upon the several hospital floors.

These changes in design of the Physical Plant were initiated under a former hospital Director but the recent advances and uniform progress have come under Dr. George H. Yeager, Professor of Surgery, who assumed the Directorship of the University of Maryland Hospital in 1965.

In the beginning, too, patients were cared for by house officers in training, numbering 26 men. Beginning July 1, 1970, some 87 house officers in six different hospitals will be caring for the citizens of this State.

Finally, throughout this period, the teaching of students of medicine has been a major effort within the Department. Now, 15 years later, this faculty can look back with much interest and considerable pride to the 1,564 students who, for a short time, have been within its charge. Surely it is proud of their accomplishments and of their devotion to the people of this country.

One is unwise, perhaps, to speculate upon the future of this Department and this School. Its history, as you know, is heavily

seeded with repetitive episodes of adversity and out of each of these it has driven forward with vigor. I am unsure where it stands at the moment, but I believe there is considerable momentum at hand in each of the Clinical Departments, as you are hearing today.

In the future the Department of Surgery will likely enhance considerably its involvement in the care and study of the severely injured patient; I hope it will continue its participation in the affairs of several of the community hospitals within the State; it is anticipated that its program for the transplantation of organs will prosper and grow;

it seems likely that much of the future for patients with advanced neoplasms may be tied into the development of an immunologic response to that neoplasm, and it is hoped that this Department will be able to contribute in a major fashion to this advance. Finally, there are areas within the Department where new programs (Pediatric Surgery, Plastic Surgery, etc.) and the strengthening of old ones seems of greatest importance. It is pleasant to anticipate that with the next report, such as this, from the Department of Surgery, many of these may have come about.





Dr. Arthur L. Haskins, Professor  
and Head Department Ob-Gyn.

### Department of Gynecology and Obstetrics

Thank you, Dr. Townshend, and a good morning to the alumni and faculty present here today. Dr. Harry Hull recently informed me that we have the largest number of living alumni of any medical school in the country. We speculated as to the percentage of alumni registered for this annual gathering and came to the conclusion that probably a more representative figure could be obtained from the Internal Revenue Service data, rather than the number present for this morning's exercise.

It was my intention to discuss our current problems in obstetrics and gynecology simplistically with the ABCD's of our specialty.

"A" is for abortion. The Maryland Abortion bill enacted in 1968 has probably had a greater impact on obstetrics and gynecology than any other piece of medical legislation in the history of medicine. Our law states that pregnancy can be terminated at any time before 26 weeks of gestation by a registered physician because of rape, incest,

psychiatric disease, physical disease or a reasonable chance of fetal abnormality.

Viewed by most as an extremely liberal and permissive law, some have interpreted the permissiveness to literally allow abortion on demand. As a result of this, 5.6% of all Maryland pregnancies were terminated by therapeutic abortion in 1969. According to the State Health Department, 2,134 artificial terminations of pregnancies were accomplished in the State of Maryland during the time that there were 38,000 live births.

Some of the more socially conscious medical students in our institution apparently feel that our department is not as progressive as some, because our abortion total does not equate with some other teaching hospitals in Baltimore. Last year, at the University of Maryland Hospital, 58 pregnancies were terminated by therapeutic abortion as compared to one of the more actively involved institutions at which 1200 abortions were accomplished. There are two hospitals in the city of Baltimore at which 35% of the obstetrical patients were abortions.

One of the main stated problems has been providing the privilege of abortion for the indigent patient. Examination of the State data indicates that the financially responsible patient obtains this service in greater numbers than does the indigent. The inference is that the indigent patient is unable to obtain abortion, although this inference is unwarranted. It is probably based on the assumption that the concept of unwanted children is a very simply defined entity.

It should be noted that children are unwanted in a variety of ways. Sometimes parents don't want them, sometimes grandparents don't want them and sometimes society doesn't want them. The unwantedness is not necessarily the same for each conception. It appears to me that in our clinic population that the unwantedness is not necessarily found among the parents-to-be, but rather in those individuals in our society who feel that in many instances the

clinic patient reproduces a child that is unwanted by society.

In reality, our clinic patients rarely seek the artificial termination of pregnancy. A good example of this might be found in the teenage and subteen girls who would certainly qualify for abortion under the existing law, but who at no time seek abortion as a solution to their problem. If they do seek abortion, usually the time at which they do this is unfavorable for safe interruption of pregnancy. Much of the social unrest created by the abortion problem is not solvable as easily as some of our more socially oriented activists would have us believe.

A new law or absence of law was proposed in 1970 in Maryland. The politicians, as well as physicians, achieved a significant notoriety from the proposal. The new law stipulated that pregnancy could be terminated at any time by anyone in any place. It was based on the concept that termination of pregnancy was a matter of decision by the physician and the patient. It failed to supply physical, moral and ethical safeguards for the termination of pregnancy and the preservation of life. In my opinion, our Governor very wisely vetoed this law.

"B" is for beards which we have come to relate to young physicians, medical students and psychiatrists these days. This serves to introduce the topic of medical student teaching which we have modified most significantly this year. Since we are anticipating a great increase in student enrollment, we need to develop new clinical outlets for these students. We are experimenting at the present time within the department with the module type of teaching. One instructor is assigned to three students for the total period of time with which the students are associated with obstetrics and gynecology. The instructor spends from an hour to two hours a day with his students. He is expected to follow through the usual clinical exercises as well as to supervise his studies as they relate to reproduction. In addition to this, we are experimenting with audiovisual devices. It is hoped that we will be able to place a standard obstetrical

and gynecologic educational course in the several hospitals with which we are affiliated. This would allow us to standardize the exposure of the students regardless of the hospital to which they were assigned. Preceptors or instructors would function in the affiliated hospital in the manner in which they are functioning at Baltimore City Hospitals, Mercy Hospital and the University of Maryland Hospital at the present time.

Our students usually progress into postgraduate education as residents. The resident is a serious problem in obstetrics and gynecology at the University of Maryland Hospital as well as other institutions throughout the country. Residents are not choosing obstetrics and gynecology at the University of Maryland Hospital or at other prestige type of residency programs. The output of qualified obstetricians is decreasing at an alarming rate. There are insufficient qualified obstetricians to care for the mothers in Maryland as well as the mothers in the rest of the country.

We, as well as other residency programs, are using the foreign medical graduate to staff the program. This results in a need for more faculty since the residents are not capable of teaching the medical students in the way that used to be traditional.

It has brought another interesting problem, that of communication, to the forefront, since no matter how bright the resident may be, if he cannot communicate he loses his effectiveness. We are combating this problem with a language course for our residents beginning July 1, 1970.

The course is being presented by Baltimore Community College and funded by the department of obstetrics and gynecology. It will meet twice a week and is mandatory for all foreign-born residents who do not have English as their primary language. We hope that at the end of the course, communications will be greatly improved.

"C" is for contraception and this is another big issue at the moment, primarily as the result of our elected representatives in Congress. Washington obviously has chosen to use oral contraception as an attention get-

ting mechanism. As a result, the very effective means of contraception—the contraceptive tablet—has been practically destroyed. The senseless and meaningless controversy has shaken the faith of the patient in her physician. Many patients have precipitously discontinued the use of oral contraceptive with pregnancies resulting.

It is interesting that oral contraceptives are alone among drugs which must be dispensed to a patient with the manufacturer's warning that a variety of ills may occur. This is irrational since it is the physician's obligation to chose medication for a patient. His choice is based on the awareness of the efficiency of the therapy as well as the complications that may occur.

Without adequate contraception, then the need for abortion increases. It should be obvious to all that the cost of an abortion, which is about \$800 at the University of Maryland Hospital, is much greater than any other effective contraceptive measure. Abortion is not the economic, ethical or moral answer to the problem. The answer to the problem is adequate contraception. At the present time, oral contraception is the best answer we have.

Our experience with the intrauterine device indicates that it is no more efficient than diaphragms or condoms and that, in addition, a number of complications which may be life threatening occur.

We are experimenting with new sterilization procedures. Our most favorable one at the present time is a ten minute vaginal operation during which metal clips are placed on the oviducts. Here again the contraception procedure compares favorably in cost to the single abortion procedure.

We have liberalized the indication for

tubal ligation in recent years. As an example, at the University of Maryland Hospital in 1955, it was necessary to have eight living children before tubal ligation could be accomplished. Looking back, this appears to have been a cruel, archaic rule, yet it was accepted by practically all physicians. We have gradually changed so that in 1970, almost any married couple who has an apparently stable marriage may seek surgical sterilization. In some instances we do not require marriage since many of our patients' secundinity is not equated with the marital state.

"D" is for drugs. In the last month we delivered three women who were heroin addicts and, of course, so were their offspring. Drug addiction is increasing in magnitude and the complications will increase until adequate drug control measures are accomplished. "D" is also for disease. Although it is considered to be just and proper in these days of sexual permissiveness to seek sexual outlet whenever the need arises, this permissiveness has resulted in a great increase in venereal disease rates. Despite the fact that adequate contraception is often used by the couple, the failure to recognize the possibility of venereal disease is often overlooked.

It is of some interest to note that pediculosis, which was usually seen in low income patients, is now being seen in increasing numbers in the higher income brackets. As an example of the increase in venereal disease, our prenatal clinic has an asymptomatic gonorrhea rate of 10.4%. We do not know what it is in the private patients, but it is on the increase.

"E" is for the end of my comments. I hope that your Alumni Reunion will be a pleasant and profitable one to each of you.



# ANNUAL BANQUET HIGHLIGHTS

The annual banquet honoring the classes of 1920 and 1970 was held at the Lord Baltimore Hotel that evening. Awards were presented to Dr. William H. Triplett and to the speaker of the evening, Mrs. Lucy Jarvis, Producer for National Broadcasting Company. Dr. Walker L. Robinson, President of the Class of 1970, also addressed the audience.

Among the most honored of all alumni is the oldest known graduate of the School of Medicine, Dr. Henry L. Criss, B.M.C. Class of 1905.

The following members of the Alumni Association registered for the Alumni Day Activities.

## Class of 1905 Henry L. Criss

## 1910 U of M George C. Coulbourne Roscoe D. McMillan Walter M. Winters

## 1910 P & S Gail W. Kahle

## 1910 BMC J. Walter Layman Raymond V. Quinlan Walter E. Neller Maurice E. Shamer

## 1911 BMC William H. Triplett

## 1914 U of M Austin H. Wood

## 1919 Rafael Santiago Vazquez

## Class of 1920 Philbert Artigiani Waldo Knox McGill Adolfe Bernabe William J. B. Orr Charles L. Billingslea Daniel J. Pessagno Louis C. Dobihal J. Morris Reese Z. Vance Hooper Rhea W. Richardson Albert H. Jackvony Howard Lee Tolson A. Manuel Janer Israel Zinberg

## 1925 S. P. Balcerzak Edgar R. Miller Eva F. Dodge C. A. Minnefor J. Sheldon Eastland Joseph Nataro Raphael Farber James W. Nelson Harold H. Fischman Henry Oshrin Samuel S. Glick L. C. Richmond John P. Keating Jack Sarnoff Thomas B. Turner

## 1927 A. Harry Finkelstein

## 1928 Lewis P. Gundry Theodore E. Stacy

## 1929 Leroy S. Heck George H. Yeager

## 1930 Milton R. Arons Victor J. Montilla William Belinkin Nathan E. Needle Albert E. Kay Duncan S. Owen Zack D. Owens

## 1931 Emmanuel A. Wm. M. Seabold Schimunek Arthur G. Siwinski

## 1932 Harry C. Hull Milton B. Kress Arthur Karfgin Aaron C. Sollod

## 1933 Jerome Fineman Lauriston L. Keown

## 1934 John N. Snyder

## 1935 Dan Geo. Bierer Howard B. Mays Edward F. Cotter Karl F. Mech Samuel E. Einhorn L. H. Mills John C. Hamrick Harry M. Robinson, Jr. Lewis C. Herrold Benjamin Stein Josiah A. Hunt Joseph J. Tuby Saul Lieb Norman J. Wilson Louis G. Llewelyn Everett Wood

## 1936 Gibson J. Wells

**ANNUAL BANQUET  
HIGHLIGHTS**



**Theodore Kardash M.D., President, Medical Alumni Association**



**Walker L. Robinson, M.D.  
President of Class of 1970**



**Father and Son Graduates: Doctors Charles B. Marek, Sr., M.D.,  
1935, and Charles B. Marek, Jr., M.D., 1970**



**Father and Son Graduates: Doctors Rubin Leass, 1934, Donald Leass,  
1970**



**Henry L. Criss, M.D.'05 BMC  
Oldest Graduate Attending Annual Banquet**

*BULLETIN OF THE SCHOOL OF MEDICINE, UNIVERSITY OF MARYLAND*

1937		1950	
Isadore Kaplan	Samuel T. R. Revell, Jr	John L. Bacon	Stanley W. Henson
		Harry H. Bleecker	Virginia Huffer
	1938	Francis J. Borges	Julio T. Noguera
Sidney Scherlis	John A. Wagner	Harold L. Daly	Evangeline M. Poling
	Theodore E. Woodward	Miriam S. Daly	Wm. B. Rever, Jr.
		Elinor Demarest	Paul F. Richardson
	1939	Lawr. M. Demarest	Seymour Rubin
	Henry A. Briele	L. Guy Chelton	Hry. H. Startzman, Jr.
	Raymond M. Cunningham	Harriet H. Wooten	
1940		1951	
Edmund Beacham	Forest C. Meade	Robert S. Mosser	
James R. Karns	Joseph Miceli		
Edward L. J. Krieg	Wilfred H. Townshend		1952
	Herman J. Williams	Luis Felipe Gonzalez	John O. Sharrett
		Wm. R. Greco	Richard A. Sindler
1941		1953	
John D. Young, Jr.		Norman L. Miller	Karl H. Weaver
1942			Robert E. Yim
Karl A. Dillinger	J. Howard Franz		
	Theodore Kardash		1954
		Robert B. Goldstein	John F. Hartman
1943 March		1955	
David B. Gray	Edwin H. Stewart, Jr.	Roger Cornell	Julian Goldberg
		Everard F. Cox	James T. Keegan
	1943 December		Frank R. Nataro
Ruth Baldwin	David R. Will		
1944		1956	
Joan M. Bloxom	W. Carl Ebeling	Alfred Wm. Grigoleit	Fitzhugh Mullins
	Donald W. Mintzer		
1945		1957	
Geo. A. Callender, Jr.	Henry F. Maguire	David P. Largey	George A. Lentz
Eugene H. Conner	Clarence S. Miller		
William H. Frank	Alfred S. Norton		1958
John A. Hedrick	W. L. Summerlin	Stuart H. Brager	David A. Cope
Stephen R. Keister	Arthur F. Woodward		
1946		1959	
Joseph B. Workman		Wm. J. R. Dunseath	Paul H. Koukoulas
		Wm. F. Falls, Jr.	Arthur A. Serpick
		Robert C. Irwin	Robert J. Thomas
		Hans R. Wilhelmsen	
1947		1960	
Gilbert M. Carouge		John J. Bennett	Bernice Sigman
Arlie R. Mansberger, Jr.		Michael Fellner	Willard E. Standiford
		I. Wm. Grossman	Martha Stauffer
	1948		Harold Tritch, Jr.
Frederick J. Heldrich	Kyle Y. Swisher		
1949		1961	
Martin K. Gorten	Edmund B. Middleton	Carl F. Berner	James J. Cerda



## ALUMNI ASSOCIATION SECTION

1964

Robert L. Gingell

1965

John Axley	Ronald Goldner
Brian J. Baldwin	Allan S. Land
Phillip P. Toskes	

1967

Eric M. Fine	John S. Ignatowski
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1969

Felix L. Kaufman	Polly Roberts
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### OTHERS

#### FACULTY AND RESIDENT MEMBERS

Khwalt Al Abbou	B. Karpers
Krita Apibunyopas	Misbah Kahn

Safuh Attar	Zsolt Koppanyi
J. D. Bouorquez	A. T. Leffler, II
J. E. Bradley	Lynne L. Levitsky
R. W. Buxton	Erney Maher
Raymond L. Clemmens	H. L. Marter
Marvin Cornblath	J. J. Mowad
Joaquin R. Conde	John H. Moxley, III
S. W. Deisher	Fitzhugh Mullins
Bahram Erfan	Stephen F. Nagyfy
Frank H. J. Figge	Prasanna Nair
Pricilla Gilman	George Ramapuram
Lewis J. Goldfine	Frederick J. Ramsay
Paul K. Hanashiro	Inge Renner
John B. Hearn	Carol Rumack
Albert F. Heck	Ronald D. Snyder
Ray Hepner	J. C. Stauffer
B. W. Hudson	J. Tyson Tildon
Rouben Jiji	Umberto Villasanta
Edward J. Wilk	

## State Leaders Again Honor Louis Jager

Governor Marvin Mandel and State Comptroller Louis Goldstein suspended important State activities in mid-April to honor three outstanding University employees, all of whom have served more than a half century in the interest of the University of Maryland and the State of Maryland. Among these is Mr. Louis Jager, Master Technologist in the Department of Pathology in the School of Medicine.

In the illustration Mr. Jager is seen flanked by Governor Marvin Mandel (r) and Comptroller Louis Goldstein (center), the two other participants being Catherine A. Lortz and George H. Gross.



Governor Marvin Mandel and State Comptroller Louis Goldstein participate in honors ceremonies for Catherine A. Lortz, George Gross and Louis Jager of the School of Medicine.

## Precommencement and Awards Day

Friday, June Fifth, 1970

For the first time in many years, the Convocation and Awards Program was held indoors this time at the Baltimore Civic Center, beginning at 10:00 A.M.

Preceded by an academic procession, the convocation was given by the Reverend Carl H. Greenawald, followed by a Welcome given by Dean John H. Moxley. A brief word of welcome was also given by Dr. Robert H. Ebert, Dean of the Harvard University School of Medicine. Honor graduates include:

*Faculty Gold Medal*—Gary Philip Fisher

### *Certificates of Honor*

Summa Cum Laude—  
Gary Philip Fisher

Magna Cum Laude—  
Louis Schaff Halikman  
Walker Lee Robinson  
David Tapper

Cum Laude—  
Richard Alan Bloomfield  
Joseph Zelig Davids  
Meyer Reuben Heyman  
Joseph Potter Michalski  
Leslie Parker Plotnick  
John Howard Poehlman  
Stanley Milton Zaborowski

Awards were next presented as follows:

### *Balder Scholarship Award*

For highest degree of academic achievement—Walker Lee Robinson

### *Dr. Wayne W. Babcock Award*

For excellence in Surgery—Thomas Paul Miles

### *Dr. Jacob E. Finesinger Prize*

For excellence in Psychiatry—David Arnold Perry

### *Dr. Leonard M. Hummel Memorial Award*

Gold Medal—Outstanding qualifications in Internal Medicine—Jane Elizabeth Mahaffey

### *Dr. Edmund Bradley Pediatric Award*

For excellence in Pediatrics—A. Stephen Dubansky

### *Dr. Milton S. Sacks Memorial Award*

For excellence in Medicine and Hematology—Richard Alan Bloomfield

### *Student Council Plaques*

Walker Lee Robinson  
John Paul McCarthy  
David Tapper  
John Philip Caulfield  
Michael Anthony Grasso

### *Student Council Certificates*

Joseph Neidig Friend  
Stephen Baruch Greenburg

### *Student Council Man of the Year Award*

To be presented by John Philip Caulfield—Class of 1970  
Arlie R. Mansberger, Jr., M.D., Professor of Surgery

### *S.A.M.A. Golden Apple Award—For Interest in Medical Education and Excellence in Teaching*

To be presented by David Tapper—Class of 1970

#### Clinical Years

Herbert A. Kushner, M.D.

#### Preclinical Years

Robert B. Schultz, M.D.

#### House Officer

Robert Gingell, M.D.

# COMMENCEMENT EXERCISES AND WARDS DAY



Commencement gets underway at Baltimore Civic Center



Commencement  
er, Dean Robert  
Harvard  
al School



Hooding



Oath





*S.A.M.A. Service Awards*

David Harold Berman  
A. Stephen Dubansky  
Stephen Baruch Greenberg  
Joseph Neidig Friend  
John Howard Poehlman  
David Tapper  
Arthur Malcolm Wagner

*Recognition of President of S.A.M.A.  
Woman's Auxiliary*

Mrs. Leroy Buckler

The hooding of graduates and the Hippocratic Oath concluded the ceremonies.

At 3:00 P.M. formal graduation exercises were held in the Civic Center with Dr. Ebert being principal speaker (Dr. Ebert's formal address will be published in a forthcoming edition of the *Bulletin*).

Following graduation, the Class of 1970 formally disbanded, the students leaving in preparation for the beginning of their careers in medicine. The Class of 1970 will serve internships and residencies at the following institutions:

ANDERSEN, W.  
University of Virginia Hospital  
Charlottesville, Virginia

ANDERSON, A.  
Johns Hopkins Hospital  
Baltimore, Maryland

ARDOLINO, H.  
French Hospital  
San Francisco, California

ARONOWITZ, J.  
Lenox Hill Hospital  
New York, New York

AUSTIN, G.  
Duke Medical Center  
Durham, North Carolina

BAKER, A., III  
University of Maryland Hospital  
Baltimore, Maryland

BALTINS, A.  
U. S. Public Health Service Hospital  
Baltimore, Maryland

BARTEK, F.  
University of Maryland Hospital  
Baltimore, Maryland

BELAGA, G.  
South Baltimore General Hospital  
Baltimore, Maryland

BERKELEY, D.  
New York Medical College Hospital  
New York, New York

BERMAN, D.  
Illinois Research & Educational Hospital  
Chicago, Illinois

BLOOMFIELD, R.  
U. S. Naval Hospital  
San Diego, California

BOOKOFF, C.  
Mount Zion Hospital  
San Francisco, California

BRAUN, M.  
Washington Hospital  
Washington, D. C.

BRIELE, J.  
University of Maryland Hospital  
Baltimore, Maryland

BYRNE, R.  
Washington Hospital  
Washington, D. C.

CAHILL, W.  
University of Maryland Hospital  
Baltimore, Maryland

CAMERON, C.  
Good Samaritan Hospital  
Phoenix, Arizona

CAULFIELD, J.  
Presbyterian Hospital  
New York, New York

COURTNEY, L.  
Maryland General Hospital  
Baltimore, Maryland

CRAMER, D.  
Baltimore City Hospitals  
Baltimore, Maryland

CRAVEN, R.  
York Hospital  
York, Pennsylvania

CROTHERS, O.  
Union Memorial Hospital  
Baltimore, Maryland

ALUMNI ASSOCIATION SECTION

CUNNINGHAM, J.  
State University of Iowa Hospitals  
Iowa City, Iowa

DALY, T.  
Washington Hospital  
Washington, D. C.

DAVIDS, J.  
Grady Memorial Hospital  
Atlanta, Georgia

DAVIS, M.  
Washington Hospital  
Washington, D. C.

DAVITZ, J.  
Children's Hospital  
Los Angeles, California

DOUGLAS, D.  
Henry Ford Hospital  
Detroit, Michigan

DUBANSKY, A.  
Bronx Municipal Hospital  
New York, New York

EGBERT, R.  
Sinai Hospital  
Baltimore, Maryland

EPSTEIN, R.  
Sinai Hospital  
Baltimore, Maryland

EVERS, P.  
St. Joseph's Hospital  
Denver, Colorado

FISHER, G.  
Beth Israel Hospital  
Boston, Massachusetts

FRIEND, J.  
Washington Hospital  
Washington, D. C.

FUHRMANN, C.  
Barnes Hospital  
St. Louis, Missouri

GOLDSTONE, D.  
U. S. Army—Brooke General Hospital  
San Antonio, Texas

GORDON, J.  
Montefior Hospital  
New York, New York

GRASSO, M.  
Maryland General Hospital  
Baltimore, Maryland

GREEN, D.  
Maryland General Hospital  
Baltimore, Maryland

GREENBERG, S.  
University of Maryland Hospital  
Baltimore, Maryland

HAKKARINEN, W.  
University of Maryland Hospital  
Baltimore, Maryland

HALIKMAN, L.  
University of Pennsylvania Hospital  
Philadelphia, Pennsylvania

HART, W.  
Mary Hitchcock Memorial Hospital  
Hanover, New Hampshire

HEYMAN, M.  
University of Maryland Hospital  
Baltimore, Maryland

HIRSCH, H.  
Pennsylvania Hospital  
Philadelphia, Pennsylvania

HISLOP, D.  
South Baltimore General Hospital  
Baltimore, Maryland

HO, L.  
Mount Zion Hospital  
San Francisco, California

HOFFMAN, K.  
University of Maryland Hospital  
Baltimore, Maryland

HOUGHTON, W.  
Maryland General Hospital  
Baltimore, Maryland

HURWITZ, D.  
Yale New Haven Medical Center  
New Haven, Connecticut

KANNER, H.  
Bronx Municipal Hospital  
New York City

KATZ, R.  
Jewish Hospital  
St. Louis, Missouri

KILHAM, M.  
R. E. Thomason General  
El Paso, Texas

KLEIN, G.  
Washington Hospital  
Washington, D. C.

*BULLETIN OF THE SCHOOL OF MEDICINE, UNIVERSITY OF MARYLAND*

- KLINE, T.  
Stanford University Hospital  
Stanford, California
- KOEPEL, J.  
University of Maryland Hospital  
Baltimore, Maryland
- KOERBER, W.  
South Baltimore General Hospital  
Baltimore, Maryland
- KOLKER, R.  
Greater Baltimore Medical Center  
Baltimore, Maryland
- KOPPER, J.  
South Baltimore General Hospital  
Baltimore, Maryland
- KRESSLER, J.  
U. S. Army Tripler General Hospital  
Honolulu, Hawaii
- LAPOINT, J.  
Medical College of Virginia Hospital  
Richmond, Virginia
- LAVENSTEIN, A.  
Children's Hospital  
Pittsburgh, Pennsylvania
- LAVENSTEIN, B.  
Montefiore Hospital  
Pittsburgh, Pennsylvania
- LEASS, D.  
Meadowbrook Hospital  
East Meadow, New York
- LEVIN, S.  
Washington Hospital  
Washington, D. C.
- LEVINSON, M.  
General Rose Memorial Hospital  
Denver, Colorado
- LEWIS, H.  
Medical Center of Vermont  
Burlington, Vermont
- LYNN, W.  
York Hospital  
York, Pennsylvania
- MACKOWIAK, P.  
University of Maryland Hospital  
Baltimore, Maryland
- MAHAFFEY, J.  
University of Maryland Hospital  
Baltimore, Maryland
- MARBURG, K.  
Hartford Hospital  
Hartford, Connecticut
- MAREK, C.  
Johns Hopkins Hospital  
Baltimore, Maryland
- MCCARTHY, J.  
U. S. Naval Hospital  
Oakland, California
- MCCREADY, D.  
Wilmington Hospital Center  
Wilmington, Delaware
- MEEHAN, P.  
Emory University Hospital  
Atlanta, Georgia
- MICHALSKI, J.  
San Francisco General Hospital  
San Francisco, California
- MIDDLETON, P.  
University of Kansas Medical Center  
Kansas City, Kansas
- MILES, T.  
Bernalillo County General Hospital  
Albuquerque, New Mexico
- MILLER, G.  
Maryland General Hospital  
Baltimore, Maryland
- MILLS, L.  
University of Maryland Hospital  
Baltimore, Maryland
- MURPHY, J.  
U. S. Naval Hospital  
Bethesda, Maryland
- MYEROWITZ, P.  
University of Minnesota  
Minneapolis, Minnesota
- PARDO, J.  
Maryland General Hospital  
Baltimore, Maryland
- PARRAN, J.  
Washington Hospital  
Washington, D. C.
- PERRY, D.  
St. Agnes Hospital  
Baltimore, Maryland
- PLOTNICK, L.  
Johns Hopkins Hospital  
Baltimore, Maryland



*ALUMNI ASSOCIATION SECTION*

- POEHLMAN, J.  
Grady Memorial Hospital  
Atlanta, Georgia
- POLLARD, R.  
Ohio State University Hospital  
Columbus, Ohio
- POSNER, D.  
Los Angeles County Harbor General  
Hospital  
Torrance, California
- PROSTIC, E.  
Ben Taub-Meth. Hospital  
Houston, Texas
- QUESENBERRY, W.  
Maryland General Hospital  
Baltimore, Maryland
- REHERT, G.  
Washington Hospital  
Washington, D. C.
- ROBINSON, W.  
Strong Memorial Hospital  
Rochester, New York
- SAMARAS, G.  
Maryland General Hospital  
Baltimore, Maryland
- SARLIN, R.  
U. S. Naval Hospital  
Bethesda, Maryland
- SCHOCKETT, C.  
Sheppard Pratt Hospital  
Baltimore, Maryland
- SCHULTEN, H.  
Meadowbrook Hospital  
East Meadow, New York
- SCHUMER, D.  
Washington Hospital  
Washington, D. C.
- SCHWARZ, H.  
Good Samaritan Hospital  
Phoenix, Arizona
- SHPRITZ, L.  
University of Maryland Hospital  
Baltimore, Maryland
- SILVERMAN, M.  
Maryland General Hospital  
Baltimore, Maryland
- SOBCZAK, G.  
Conemaugh Valley Memorial Hospital  
Johnstown, Pennsylvania
- STANFIELD, R.  
Washington Hospital  
Washington, D. C.
- STEINBERG, A.  
Sinai Hospital  
Baltimore, Maryland
- TAPPER, D.  
University of California Hospital  
San Francisco, California
- TAYLOR, N.  
U. S. Naval Hospital  
Philadelphia, Pennsylvania
- TSENG, SZE  
U. S. Public Health Service Hospital  
Baltimore, Maryland
- VINCINI, H.  
Rhode Island Hospital  
Providence, Rhode Island
- WAGNER, A.  
Sinai Hospital  
Baltimore, Maryland
- WARD, R.  
University of Maryland Hospital  
Baltimore, Maryland
- WARREN, W.  
Washington Hospital  
Washington, D. C.
- WARWICK, A.  
University of Maryland Hospital  
Baltimore, Maryland
- WEINER, C.  
University of Maryland Hospital  
Baltimore, Maryland
- WHITE, R.  
Hartford Hospital  
Hartford, Connecticut
- ZABOROWSKI, W.  
New York-Memorial Hospital  
Albany, New York
- ZELIGMAN, B.  
St. Luke's Hospital  
Denver, Colorado
- ZELLER, N.  
Children's Hospital  
Los Angeles, California

## Alumni! THIS IS IMPORTANT

### Your Alumni Office Reports

A new award was presented to Dr. William H. Triplett, BMC, 1911, Executive Director of the Alumni Association. The award presented at the annual banquet by President Wilfred H. Townshend, Jr., is inscribed to read as follows:

"William H. Triplett, M.D., in recognition of your many and faithful years as Executive Director of the University of Maryland Medical Alumni Association, June 4, 1970."

The award, two bookends, was presented at the annual banquet, shown in the accompanying photograph.

The Class of 1920 held its 50th year reunion. Fourteen members of the class attended with their wives. The class of 1920 has nineteen living members. Those attending were guests of the Alumni Association at the luncheon, a reception and at the alumni banquet. Life membership and a certificate of appreciation in recognition of their long and

devoted service to mankind was awarded to those attending. Similar life membership cards and certificates will be sent to those who could not attend the reunion. Members of the Class of 1920 are shown in accompanying photo.

Your Alumni Association also had, as their guests at the banquet, the graduates of the class of 1970 and their ladies. All members of the class of 1970 were given complimentary membership for two years and were welcomed as active members of the Alumni Association.

The hospitality reception held on the evening of June 3 was well attended and the event helped to get the reunion off to a good start. Complimentary luncheon on June 4 likewise was well attended.

The annual banquet on June 4 was a huge success. Almost 500 people attended to what can be said to be one of the best banquets yet held. Music and dancing followed the banquet and many folks stayed on to enjoy themselves. Many class reunion parties were held during that period as well as ladies' activities.

*Francis W. O'Brien*

FRANCIS W. O'BRIEN  
Executive Administrator



President Wilfred H. Townshend, Jr., presenting Medical Alumni Association Distinguished Alumnus Award to Dr. William H. Triplett, Executive Director, Alumni Association.



# CLASS OF 1920

Seated (left to right): Dr. Philbert Artigiani, Dr. Charles L. Billingslea, Dr. Albert H. Jackvony, Dr. Waldo Knox McGill.

Standing (left to right): Dr. Aldofo Bernabe, Dr. William J. B. Orr, Dr. A. Manuel Janer, Dr. Rhea Richardson, Dr. J. Morris Reese, Dr. Louis C. Dobihal, Dr. Israel Zinberg, Dr. Daniel J. Pessagno, Dr. Z. Vance Hooper, Dr. Howard Lee Tolson.



## Honored Alumnus Receives Distinguished Award

Dr. Nolan D. C. Lewis, a member of the Class of 1914, has received the annual Golden Plate Award during the 9th annual Salute of the American Academy of Achievement during the weekend of June 25-27, at Dallas, Texas.

Dr. Lewis, a noted researcher, teacher and administrator, and a pioneer in the investigation of schizophrenic disorders, was one of the early recipients of the School of Medicine's Honor Award and Gold Key for outstanding achievements, particularly in his administration of the Psychiatric Institute of Columbia University in New York. The academy, dedicated to the inspiration of youth, annually honors leaders in the sciences, professions, industry and arts.



Dr. Nolan D. Lewis

## Restoration of Davidge Hall

### Governor Signs Joint Resolution by Maryland Legislature

Introduced by Delegate Kardash, passed by both House and Senate and signed by Governor Mandel, a joint resolution relating to Davidge Hall and its appropriate recognition is now a part of the proceedings of the 1970 legislature of the State of Maryland. Known as Joint Resolution #55, the Resolution enrolls Davidge Hall among the officially recognized historic sites within the State of Maryland. The Resolution is as follows:

House Joint Resolution requesting the Maryland Historical Trust to consider the selection of Davidge Hall located on the Baltimore City campus of the University of Maryland School of Medicine as a State historical site.

WHEREAS, Davidge Hall, centrally located on the northeast corner of Lombard and Greene Streets in Baltimore City, is a focal point for the training of physicians at the University of Maryland School of Medicine; and

WHEREAS, This building is the oldest building at any medical school in the United States which has been in continuous academic use since its completion; and

WHEREAS, Davidge Hall, because of its unique architecture and interior design is well suited for eventual use as an historical building housing major achievements in medical science; and

WHEREAS, The Alumni Association of the University of Maryland School of Medicine have already pledged themselves

## ALUMNI ASSOCIATION SECTION

to the establishment of Davidge Hall as an historical monument in Baltimore City by undertaking to raise the sum of \$400,000.00 which will be used in its restoration; and

WHEREAS, The Maryland Historical Trust has the power to designate as an historic site those properties which best exemplify the history and greatness of this State; and

WHEREAS, The Maryland Historical Trust has the authority to assist others in the restoration, preservation and development of historic sites; and

WHEREAS, The General Assembly of Maryland recognizes the historical significance of Davidge Hall as having both State and national importance in medical history; now, therefore, be it

RESOLVED, That the Maryland Historical Trust is requested to study the feasibility of designating Davidge Hall

as a State historical site; and, be it further

RESOLVED, That copies of this resolution be sent to Mrs. Charles W. Williams, Chairman of the Maryland Historical Trust, Old Treasury Building, Annapolis, Maryland 21404, and to John O. Sharrett, M.D., 903 Cathedral Street, Baltimore, Maryland 21201.

At the Annual Meeting of the Medical Alumni Association Dr. John O. Sharrett, Chairman of the Davidge Hall Restoration Fund, tendered a complete report on the progress of his committee. While final plans have not as yet materialized, Davidge Hall is reportedly finding its place among the honored historic shrines of the nation. Plans are already afoot for a systematic restoration with research already underway. An architectural appraisal by Mr. Bryden B. Hyde, building architect, has been made and will appear in a forthcoming edition of the *Bulletin*.



Dr. John O. Sharrett addressed Medical Alumni Association meeting.

## Abstracts of Medical Alumni Association Minutes

Following is a summary of the meetings of the Board of Directors held in March, April and May, and the Annual Meeting held on June 4, 1970. During the March meeting the Board was informed of the State of Maryland Joint Resolution #55 of the House of Delegates, Annapolis. This joint resolution requested the Maryland Historical Trust to consider the selection of Davidge Hall, located on the Baltimore City campus of the University of Maryland School of Medicine, as a State Historical Site. This resolution was passed and the Governor signed the resolution in April, 1970. During that meeting, the Board considered holding a District of Columbia Medical reunion on Thursday, Sept. 10, 1970. The Executive Administrator was directed to prepare plans for this reunion and to send out a letter to local physicians informing them of the schedule of events.

During the April meeting, held on April 22, 1970, the Board approved the nominating committee's recommendation of officers and members to the Board of Directors for 1970-71. This approved slate is to be presented to the general membership on June 4, 1970.

During the April meeting the Board considered future plans for the publication of the *Bulletin*, and established an Alumni position to be presented at a later date to the Editorial Board of the *Bulletin*.

During the May meeting held May 26, 1970, Dr. John H. Moxley, III, Dean of the School of Medicine, was an invited guest. He discussed with the Board the Faculty-Alumni-Dean's office relationship. His views were accepted by the Board, along with

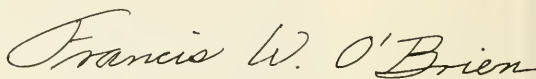
Dean Moxley's offer to meet with the Board from time to time. Final plans were made at this meeting for the Maryland Medical Reunion to be held on June 3, 4 and 5, 1970. The Board approved the principal speaker for the Alumni Banquet to be Mrs. Lucy Jarvis, one of NBC-TV's producers.

The Board decided, because of the time element, that the Alumni Association would not participate in the Annual Meeting of the AMA in Chicago, June 21-25, 1970.

The Annual Business Meeting was held on June 4, 1970 in Chemical Hall, Dr. Wilfred H. Townshend, Jr., the outgoing President, presiding. The Annual Honor Award and Gold Key was presented to Dr. Abraham Harry Finkelstein, of the Class of 1927.

The Treasurer's Report was announced and accepted as being in good financial status. A moment of silence was observed in respect to alumni who died during the previous year. The annual election of officers was conducted. The slate was presented, nominated and seconded. The page in this *Bulletin* covering the President's Letter contains the names of the members selected. Nominations from the floor were made to fill the nominating committee. These nominations were seconded and unanimously elected.

The meeting concluded with a complimentary luncheon in the University Hospital.



FRANCIS W. O'BRIEN  
Executive Administrator

**Your Medical Alumni Association depends solely upon dues payments from its members. Have you paid your dues? It needs your support! Suggestions for the improvement of your Association are always welcome.**



# The U.of M. Medical Alumni SALUTE



**John Warren Albrittain, Rear Adm. Medical Corps, United States Navy, Class of 1935, U. of Md., Medical Alumni, was honor recipient of the Sixth Medical Alumni Salute, 1970**

When Dr. John Albrittain received his medical diploma in 1935 and particularly upon the completion of his Resident training in obstetrics under the late Dr. Louis H. Douglass, no one would have predicted a successful career in naval medicine, culminating in his recent appointment as Deputy Surgeon General, United States Navy.

John seems to think that it was his early youth and his association with activities at the United States Naval Academy which may have turned some basic idea in the direction of the sea and a career in the Navy, for he promptly accepted a commission as a Lieutenant (j.g.) on June 15, 1939 and reported for active duty at the United States Naval Hospital, Portsmouth, Virginia.

His first tour of duty completed, he was assigned to the United States Naval Air Station in Puerto Rico. At this time he decided to join the regular Navy and was transferred as of November 2, 1940. He remained in Puerto Rico until 1943, returning to the United States Naval Dispensary in Washington, D.C.

Other assignments included a tour of duty as medical officer aboard the USS Wyoming at sea. Finding very little need for obstetrics, John undertook his second specialty—dermatology—qualifying at the New York University Postgraduate Medical Center and be-

ing certified in this specialty. He was then assigned as Dermatologist in the United States Naval Hospital in Long Beach, California.

After a brief tour at Portsmouth, Virginia, where he served as Chief of Dermatology Service, he was ordered as Medical Officer to the USS Iowa, followed by his reassignment to the United States Naval Hospital, Bethesda, Maryland.

In May 1959 he was named Head of the Training Branch and later Director of the Professional Division, Bureau of Medicine and Surgery. Since 1963 he has had numerous assignments of an executive capacity, commanding successively the United States Naval Hospital at St. Albans, New York, and the Naval Hospital and Naval Hospital Corps Medical School, Ninth Naval District. On June 9, 1965 he was promoted to the rank of Rear Admiral. In February, 1969, he was named Deputy Surgeon General of the United States Navy and Deputy Chief, Bureau of Medicine and Surgery. While policy is dictated by the Surgeon General, Admiral Albrittain is responsible for the operation of the entire Bureau of Medicine and Surgery and is responsible for all official correspondence, being second in command to the Surgeon General. He is married to the former Miss M. Lorraine Cass, of Long Beach, California.

The alumni, therefore, recognizes and salutes the singular important achievements of this honored member of the class of 1935; physician, Naval Surgeon, and Administrator, and for his fine record which not only denotes a distinguished career in medicine, but which reflects credit upon alumni and his alma mater.

# Class

## NOTES

### CLASS OF 1913

Dr. Norbert C. (Shorty) Nitsch closed his office on Wilkens Avenue and retired from the staff of the St. Agnes Hospital. Word circulated that Shorty was going to retire to his erstwhile summer place near Rock Hall; however, this did not occur for he was immediately pressed into service by the local folk and has just completed another decade or so of practice in Kent County. We are told that Nitsch has finally retired after 57 years of practice, of course, with residence in Rock Hall.

### CLASS OF 1932

Dr. Albert J. Glass has been appointed acting director of the Illinois Department of Mental Health.

### CLASS OF 1935

The staff of the Pascack Valley Hospital, Westwood, New Jersey, has elected Dr. Walter Lichtenberg as President of its staff.

Dr. Harry M. Robinson, Jr., Class Captain, reports the thirty-fifth reunion of the Class of 1935 a great success. On Wednesday night prior to alumni day, 46 members of the class were entertained at the Baltimore Country Club for cocktails and dinner. Walter Gerwig came from California and Everett Wood from New Mexico. Mel Aungst came from Maine. Ben Stein, Phil Owen, Joe Tuby, Saul Lieb, Sol Rosen, Lou Titel, Sam Einhorn and others comprised the New York-New Jersey contingent. Dan Dierer, D. J. McHenry and Joe Hunt comprised the Pennsylvania delegation, while John Godby and John Hambrick represented the south. Honored guests included Dr. Edwards and John Krantz.

Dr. Robinson informed the class that Dr. Normie Wilson still beats the drum. John Warren, Red McLaughlin, George Brouillet,

Charlie Marek and Carl Mech are also active. Charlie Marek and John Warren had good reason to celebrate because each had a son graduating from the School in 1970.

The class decided to donate 2 microscopes to the School to be loaned to needy students. It is hoped that this will establish a precedent for other classes.

### CLASS OF 1937

Dr. Mason Trupp of Tampa, Florida, is the inventor of an anti-hot gas ingestion compound propulsion system, perhaps better understood as a self-propelled "saucer," (not an UFO). Mason states that the patent merely lends substance to Alexander Graham Bell's special ideas of flight mechanics. Under Patent No. 3,484,060 Mason has invented a flying machine which departs from the left drag principle of an air frame surfing on an energy wave-form. Mason is very precise in his discussion of his invention. Another one of his versatilities, many of us will remember, was his much-noted operation on the giant gorilla owned by Ringling Brothers Circus, a number of years ago.

### CLASS OF 1938

Dr. Sidney Scherlis has been named by the American Heart Association to membership on a committee concerned with stress, strain and heart disease. The committee has been assigned the task of considering the various aspects of stress and strain and their effect on the cardiovascular system. This study will include medical, social, economic and vocational factors.

### CLASS OF 1940

Dr. Arthur E. Pollock has been recently honored by the Pennsylvania Medical Society for his dedication and contributions to the Society's "Voice of Medicine," a speaker's bureau in which he has distinguished himself as a volunteer, accepting numerous speaking engagements as a part of the Pennsylvania Medical Society's program. Dr.

## ALUMNI ASSOCIATION SECTION

Pollock has served as Chairman of the Speaker's Bureau Committee during the 3 years of its existence.

In presenting the annual "Golden Voice of Medicine Award," Dr. William A. Barrett, President of the Pennsylvania Medical Society, said, "Much of the credit for the success and acceptance of this free speaking service by civic organizations, schools and other groups around the state must go to this dedicated physician."

Dr. Pollock practices in Altoona, Pennsylvania, with offices at 1217 Fourteenth Avenue.



Dr. Arthur E. Pollock, Class of 1940, (left) receives the "Golden Voice" Award from Dr. William A. Barrett (right), President of the Pennsylvania Medical Society.

### CLASS OF 1944

Dr. Jose Alvarez de Choudans has been named head of the Department of Neurological Surgery at the University of Puerto Rico. The newly reorganized department would include 3 affiliated units operating as a single department, these units being in the San Juan City Hospital, the University Hospital, and the Veterans Administration Hospital.

Assisted by Drs. Nathan Rifkinson, Pedro

Borras and Roberto Negron, a residency program in neurological surgery is now under development. Dr. Alvarez is a former resident in neurological surgery at the University of Maryland Hospital.

### CLASS OF 1946

Dr. Eli M. Brown has been elected Chairman of the Board of Governors of the American College of Anesthesiologists. He will serve as Chairman Elect until October, 1970, when his term of office as Chairman begins. Dr. Brown is currently Chairman of the Sinai Hospital in Detroit.

### CLASS OF 1953

Dr. B. Martin Middleton has been named President of the staff of the St. Agnes Hospital in Baltimore.

### CLASS OF 1954

Dr. Ira N. Tubbin has been named Associate Editor of the Medical Bulletin of the Montgomery County (Maryland) Medical Society.

### CLASS OF 1958

William J. Hicken, M.D., has been appointed Chairman of the Department of Pathology and Director of the Laboratory at St. Agnes Hospital, Baltimore, Maryland. The announcement was made by Sister Alberta, D.C., the hospital's administrator.

Prior to assuming the chairmanship, Dr. Hicken has been since 1965 an Associate Pathologist at St. Agnes. In his new post he is responsible for the direction of the hospital's laboratories and administration of an approved anatomical and clinical residency program in Pathology. In addition to his new duties, Dr. Hicken will continue to serve as Assistant Professor of Pathology, University of Maryland School of Medicine.

A native of Baltimore, he received his B.A. degree from Loyola College (Baltimore) and his M.D. from the University of Maryland School of Medicine. He served



an internship and completed his pathology residency, both at the University of Maryland Hospital in Baltimore.

A veteran of the U. S. Army he achieved the rank of Captain and served in the Pathology Section, Second U. S. Army Medical Laboratory, at Fort George G. Meade, Maryland.



William J. Hicken

Dr. Hicken is certified by and a Diplomate of the American Board of Pathology. He is a Fellow of both the College of American Pathologists and American Society of Clinical Pathologists. He holds membership in the American Medical Association, Maryland Society of Pathologists, Medical and Chirurgical Faculty of Maryland and the Baltimore City Medical Society.

He and his wife, the former Nancy Hardin of Baltimore, reside with their four daughters on Eastlake Road in Timonium, Maryland.

#### CLASS OF 1960

Dr. John J. Bennett has been elected President of the staff of the Harrisburg (Pa.) Hospital.

An internist, Dr. Bennett has been active on the staff of the Harrisburg Hospital since the completion of his internship in 1961. He is an associate of the American Academy of General Practice, the Dauphin County Medical Society and the Harrisburg Academy of Medicine.

#### CLASS OF 1961

Dr. Robert A. Fink has entered the private practice of neurosurgery with offices at 2510 Webster Avenue, Berkeley, California 94705. Dr. Fink also serves as a staff member at the University of California Donner Radiation Laboratory continuing his work in basic and applied study of heavy particles and their effect on the nervous system. He also serves as a teaching consultant at the Berkeley County Hospital.

Dr. George E. Urban, Jr., has been recently certified by the American Board of Otolaryngology.

#### CLASS OF 1964

Dr. Marvin Goldstein has been named Assistant Professor of Neurology and Anatomy at the University of Rochester. Dr. Goldstein has recently completed his military duty, serving as staff Neurologist at the United States Naval Hospital in Bethesda, Maryland.

#### CLASS OF 1965

Dr. Brian J. Baldwin has completed a Fellowship in Cardiology at Emory University's Grady Memorial Hospital in Atlanta, Georgia.

A recent diplomate of the American Board of Internal Medicine, Dr. Baldwin has been assigned as staff cardiologist at the Wilford Hall Medical Center, Lackland Air Force Base in San Antonio, Texas, beginning in the summer of 1970.

#### CLASS OF 1966

Dr. James Zimmerly has reported the development of a new vaccine for meningo-

## ALUMNI ASSOCIATION SECTION

coccal disease, the subject of a paper read at the recent meeting of the American Medical Association in Chicago on June 22nd.

After extensive field trials, the discovery was reported in the February 19, 1970, issue of the *New England Journal of Medicine*.

Dr. Zimmerly, active also in the American College of Legal Medicine, holds the J.D. degree and is a member of the College of Legal Medicine. The College of Legal Medicine is composed of those persons who are licensed to practice legal medicine and composed of 170 members. He has also been named as representative of the United States at the 2nd World Meeting on Medical Law

in Washington, D. C. in August, 1970. Dr. Zimmerly presented a paper entitled "Compensation Insurance for Research Subjects."

### CLASS OF 1967

Dr. Stewart H. Lassans, having completed 2 years' service with the U. S. Public Health Service, will begin his residency in Ophthalmology at the University of Maryland Hospital on July 1, 1970.

Having completed his military duty, one year of which was spent in Viet Nam, Dr. Stephen M. Adalman will begin a residency in Ophthalmology at the Queen's Hospital Center in New York City on July 1, 1970.

# Deaths

## CLASS OF 1903 BMC

Dr. William Teepell, of 230 San Benito Way, San Francisco, California, died recently.

## CLASS OF 1904 BMC

Dr. C. F. Wilinsky, executive director of the Beth Israel Hospital in Boston for more than 25 years, died recently. Dr. Wilinsky was, at one time, deputy health commissioner for Boston. He was also honored as president of the American Public Health Association from 1948 to 1950, and as president of the American Hospital Association from 1950 to 1951.

## CLASS OF 1908

Dr. John Edward Ziegler, of 429 Roosevelt Avenue, Eau Claire, Wisconsin, died recently.

## CLASS OF 1909

Dr. Charles Franklin Strosnider, of 127 S. John Street, Goldsboro, North Carolina, died on December 9, 1969, at the age of 87.

## CLASS OF 1910

Dr. William Stanislaus Conway, of 3210 E. Perkins Avenue, Sandusky, Ohio, died May 1, 1970.

Dr. Giuseppe Caturani, of 348 E. 116th Street, New York, died October 5, 1969.

## CLASS OF 1910 P & S

Dr. Arthur Charles Smith, of 90 Deer Hill Avenue, Danbury, Connecticut, died recently.

## CLASS OF 1911

Dr. Dallas C. Speas, of 2598 Reynolds Road, Winston-Salem, North Carolina, died April 28, 1970.

## CLASS OF 1914

Dr. Garland Grazier, of Hollsopple, Pennsylvania, died recently.

## CLASS OF 1915

Dr. William R. Johnson, of Baltimore, Maryland, died April 26, 1970, aged 81.

## CLASS OF 1916

Dr. Charles Hamilton Lupton, of 1430 Meads Road, Norfolk, Virginia, died April 24, 1970.

## CLASS OF 1919

Dr. John Wise Kellam, of Onancock, Virginia, died on June 4, 1970, in the Northampton Accomac Memorial Hospital, Nassawaddox, Virginia.

Dr. Kellam, aged 79, practiced at Belle Haven, Virginia, for more than 50 years. He was a veteran of the Army Medical Corps in World Wars I and II.

## CLASS OF 1920

Dr. Henry Sheppard, Jr. of 4401 Roland Avenue, Baltimore, Maryland, died May 25, 1970, at the age of 71.

## CLASS OF 1924

Dr. Burke Megahan, of 159 Kruger Street, Wheeling, West Virginia, died recently.

## CLASS OF 1928

Dr. Herbert Hyman Lampert, of 433 Avenue T, Brooklyn, New York, died January 6, 1970.

## CLASS OF 1930

Dr. George D. Hill, of Camden on Gauley, West Virginia, died April 7, 1970.

## CLASS OF 1932

Dr. Samuel Lieberman, of 2078 Morris Avenue, Bronx, New York, died recently.



# BULLETIN *School of Medicine*

## *University of Maryland*

VOLUME 55

OCTOBER, 1970

NUMBER 4

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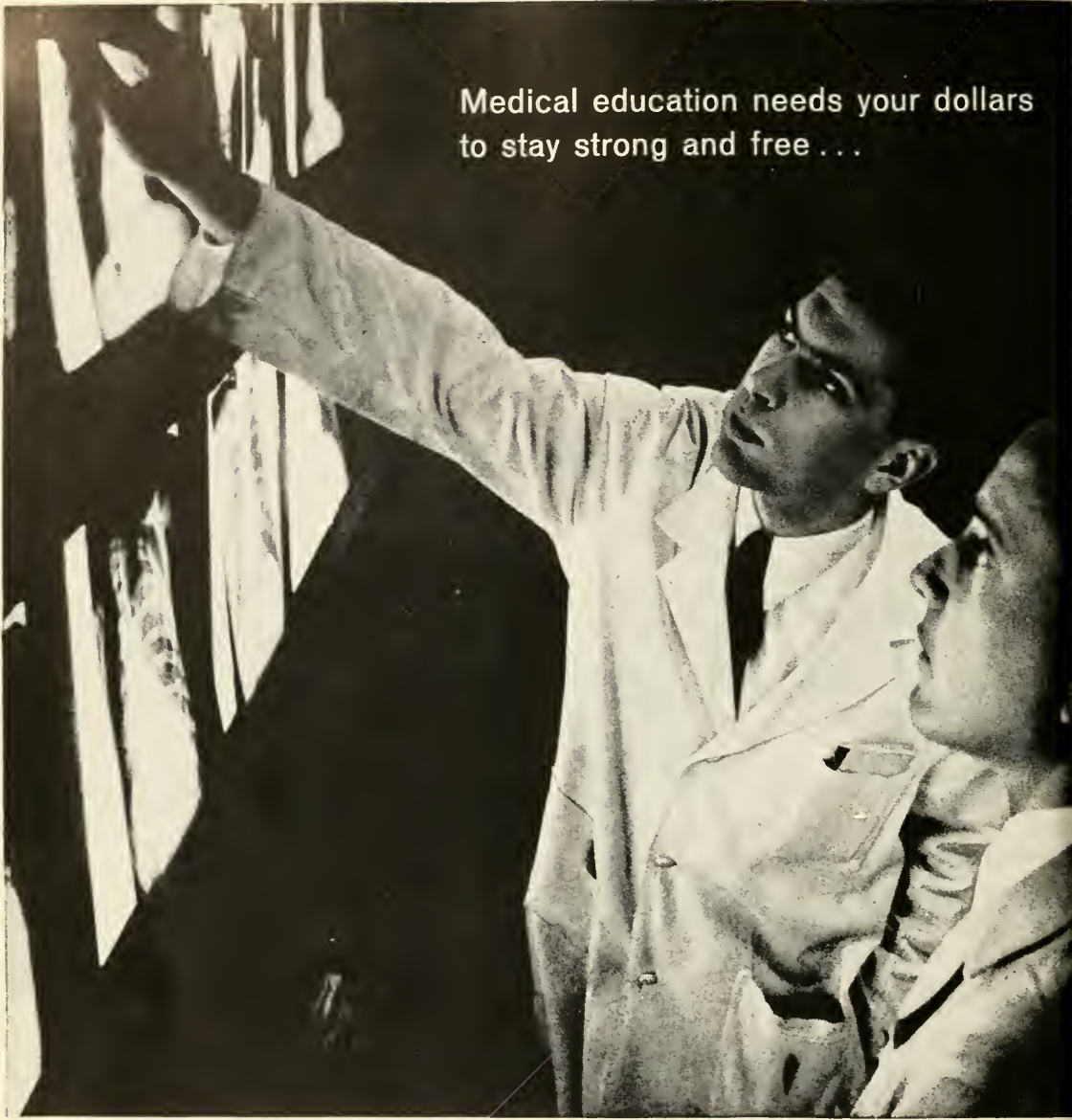
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# BULLETIN *School of Medicine* *University of Maryland*

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VOLUME 55

OCTOBER, 1970

NUMBER 4

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## *Editorials*

### BULLETIN IN TRANSITION

The death of Mr. William J. Wiscott several years ago left the *Bulletin* without a Managing Editor. Shortly thereafter the School of Medicine acquired a new Dean and it was some time until he, the President of the Medical Alumni Association and the Editor developed a plan for the reorganization of the *Bulletin*, a plan which is now almost a reality.

In the interim the *Bulletin* has operated in a very informal and uncertain fashion.

However it is now evident that the services of a competent Managing Editor are to be realized.

If plans materialize, for the first time in about five years the *Bulletin* will be operating with adequate personnel and budget. Thus the tradition of more than a half century of service to the School and Alumni of the School of Medicine will be given a new charge and renewed enthusiasm.

### AUTOPSY IN CRISIS

Unless there is a sudden and dramatic reawakening, the autopsy as it has been understood in medical circles may soon disappear. The classic clinicopathologic conference has already met its demise in many institutions, and at the same time the autopsy rates of many of our leading hospitals have been severely reduced.

It is said that the autopsy rate reflects the interest and scientific attitude of the hospital staff for, indeed, most autopsy permits are obtained by these physicians. A few stalwarts have claimed that ana-

tomic pathology is dead. Others have claimed that the "instant" autopsy with cell studies will soon replace the classic autopsy and the clinicopathologic conference.

Whatever the outcome, the present trend exists. It would, therefore, be prudent for departmental chairmen and medical scientific leaders to investigate this change to reverse it if necessary or to give counsel and direction to what some have called the new molecular biology.



*In Memoriam*



*Robert W. Buxton, M.D.*

1909 - 1970

## Robert W. Buxton, M.D.

Dr. Robert W. Buxton, Professor and Chairman of the Department of Surgery at the School of Medicine, met an untimely and sudden death while on a holiday tour in southeastern Europe. It is known that Dr. Buxton's car, which he was driving, somehow went out of control and struck a tree, causing severe chest injuries from which he did not recover.

Following his death on August 14th, 1970, a memorial service for him was held at the Westminster Presbyterian Church, Fayette and Greene Streets. Regretfully, the *Bulletin* publishes herewith the obituary of a fine gentleman, scholar and skillful surgeon, which is followed by a transcript of the eulogy given on the occasion of the memorial service.

Dr. Robert W. Buxton is dead, the victim of a tragic automobile accident that occurred while he was on vacation in Romania. He was injured on August 10 and died four days later in Timisoara.

Dr. Buxton was born October 3, 1909, in Joplin, Missouri. He went to college at the University of Kansas and continued his medical education at that institution, receiving his degree in 1936. He served his internship at the Strong Memorial Hospital in Rochester, N. Y., followed by surgical residency also in that city both at the Strong Memorial Hospital and the Genesee Hospital. His resident year was served at the Strong Memorial Hospital in 1940-41. Following completion of his general surgical training, he continued in thoracic surgery at the University of Michigan, completing this residency in 1943. After this he joined the staff of the Surgery Department at the University of Michigan and served there as Instructor in Surgery, Assistant Professor of Surgery and as Associate Professor of Surgery from 1950-1955. These

years of apprenticeship were served under the guidance of Dr. Frederick A. Collier, Chairman of the Department of Surgery, who greatly influenced him. In September of 1965, he transferred his allegiance to Baltimore, being appointed Professor of Surgery at the University of Maryland School of Medicine, a position he held until the day he died.

Dr. Buxton was certified by the American Board of Surgery in both general and thoracic surgery. He was a Fellow of the American College of Surgeons and served as a Governor from Maryland for that organization. He was a member of practically every important national surgical society, the most prominent being the American Surgical Society, the Southern Surgical Society and the Society of University Surgeons. Despite membership in these and other prestigious organizations, his favorites probably were the Collier Society, the meeting of which he never missed, and the University of Maryland Surgical Society.

Dr. Buxton was the author of some 70 publications, the titles and associate authors revealing immediately his wide interests and great influence on younger men. His last contribution is entitled "The Conduct of an Operation" and is currently in press. This is a rather philosophic treatise dealing with the non-technical aspects of surgery, which he stressed so heavily.

These impressive accomplishments clearly document the fact that Dr. Buxton was a man of rare talent as a surgeon, teacher and as an individual.

As a surgeon, Dr. Buxton was as close to perfection as human frailties permit. Many of his residents who have traveled widely to other medical centers and who are familiar with the great and near great of American surgery insist he was the

finest surgeon in this country. He was always an inspiration to those who watched him operate, but paradoxically he was a source of depression also, by showing his associates what skills it was possible to attain and by comparison how much remained to be learned. And yet, Dr. Buxton was very humble about his ability and considered surgical correctness as a goal attainable by all. Despite his vast technical skills, he occasionally asked colleagues to assist him in areas of their particular operative interest. These invitations were quickly accepted and, although flattering, were somewhat embarrassing, in that Dr. Buxton usually performed better than his colleague could in his own field of expertise! Such was the generosity and humility of a master.

As a teacher, Dr. Buxton was superb. Yet he never taught surgical technique except by precept and rarely mentioned it in the classroom or lecture hall. He often dismissed the mechanics of surgery whether it be a hernia or a pancreaticoduodenectomy with the admonition to "simply fix it." Rather, he stressed pathophysiology and the need to understand completely the basic anatomy, biochemistry and physiology of the disease process and the patient who harbored it. He had very little patience with the ultra specialization of medical practice and physicians. He saw only patients and doctors and approached his teaching responsibilities from this broad point of view. He had an amazing ability to cut through a maze of confusion and focus exactly on the pertinent problem. His energies in this regard were phenomenal. He was always available to both students and house officers without regard for time of day, or day of week. Indeed, one of his major contacts with students and house officers was his walking rounds on Sunday mornings, irreverently called "Sunday School" by the residents. Per-

haps the compliment that he would appreciate most was made by a former resident who said simply, "he called himself a teacher and he *taught*."

As an individual, Dr. Buxton had wide and varied interests. He was a great lover of books and over the years had accumulated a large collection of beautifully bound rare volumes. An associate was astonished one afternoon to visit Dr. Buxton and find him reading a first edition of *Alice-in-Wonderland*! His shelves were filled with classics and he was on speaking terms with many giants of Western thought such as Erasmus, St. Thomas Aquinas and St. Francis of Assisi. Although not religious in the orthodox sense, Dr. Buxton was interested in religious works, and had a collection of old English Bibles. Among his prized possessions was an ancient, weatherbeaten Koran, written in Sanskrit, the gift of a former resident from the Middle East. He also enjoyed English literature and knew Dickens, Scott, Shakespeare, Churchill and even Arthur Conan Doyle! He did not neglect American authors and there were few who might be mentioned in casual conversation whom Dr. Buxton had not read, from Dumas Malone to Henry Miller. He was especially interested in history and was an authority on the Civil War. Indeed, he had a surprising interest in military history generally. He believed that by studying the political causes of wars, their sequellae, and what man would fight for, that one learned and profited by history; consequently Plevna, Kossovo and Quatre Bras were as familiar to him as Gettysburg and Verdun.

Dr. Buxton was also interested in Art, and as might be suspected, his taste ran to the new, the bold and the imaginative. His walls were covered with paintings of known and unknown artists who had attracted his attention and which were collected from around the world. When he



had derived maximum appreciation of a particular work, he was often inclined to give it to a friend. Many paintings collected by Dr. Buxton are now prized possessions of his staff.

Dr. Buxton also enjoyed classical music, including opera. Once in an unguarded moment, he confessed to being a cellist in earlier days!

Dr. Buxton was well known to his friends as a great connoisseur of food and wine. Beef Wellington was a great favorite of his. Since he was not particularly socially inclined, his newer friends were often surprised to find him a gracious host and a delightful dinner companion. The wives of his friends fell equally under his charm. His dinner parties at the Maryland Club were indeed memorable. His companionship was eagerly sought by friends and associates at various gourmet restaurants during surgical meetings, a tradition which wreaked havoc with his diet (which existed more in fancy than in fact!)

His hobbies included also a very fine stamp collection featuring a selection of Confederate covers of which he was especially proud. He had recently begun to collect coins. Athletic events, however, were anathema to him!

There was almost no aspect of the contemporary scene that Dr. Buxton had not studied, including politics and the changing social mores. He laughingly admitted to "have an opinion on everything." But this was usually penetrating and to the point, and certainly not arrogant.

In short, Dr. Buxton was an intellectual with an amazing capacity to see, study and enjoy his environment, as well as to understand it.

It would be difficult to say accurately what his residents most appreciated in Dr. Buxton because of the many varied personalities and points of view involved.

It would not be inaccurate to say that his relationship to most, if not all, was familial. Our principal debt to him is probably philosophic—that of seeing the force of his character demonstrated on a day-to-day basis. Dr. Buxton exhibited many admirable character traits that aren't discussed much these days, but which are the very foundation of Christian ethics. He had the integrity to hold true to those ideals which he found worthwhile, often under difficult circumstances. He never shied from what was right as he saw it. He had the courage to undertake readily the difficult and complex. He had the intellectual honesty never to be untruthful to himself, much less his associates. He was considerate of the sensibilities of others and grateful for their friendship. His reaction to a close friend who hurried to his bedside was "I'm sorry to have caused you so much trouble." He had the humility and kindness of a truly great spirit. He was not vindictive even when severely provoked. He had the industry to work harder than anyone else, and had the magnanimity to accept much less from those he liked best, with graciousness. He taught surgery, to be sure, but mostly he taught character.

These traits evident in both his everyday life and his professional career made Dr. Buxton the most self-reliant of men and the most content.

The obituaries that appeared in the local papers ended on a sad note "Dr. Buxton, a bachelor, had no immediate survivors." This is inaccurate. In truth, every resident that he trained and every surgeon that he dealt with intimately was a close relative. In this sense, Dr. Buxton was survived by a very large family—a very large family indeed.

ROBERT H. JOHNSON, JR., M.D.  
*Chief Resident in Surgery*  
*University of Maryland*  
*Hospital—1963*

## "The Last Enemy Is Death"

*From the Memorial Service for Robert W. Buxton, M.D.*

When an ordinary man dies, those who knew him usually say nice things about him. The people who knew him pick out his strong points and emphasize them. When a man of great scientific knowledge and technical skill dies, it is comparatively easy to be complimentary. Scientific ability and technical skill are fairly easy to measure and in our society we are oriented to appreciate them and value them highly.

In my relatively short time on the Hospital staff, I did not have the privilege of knowing Robert Buxton as well as most of you who are here knew him. As a medical layman, I am not qualified to testify to his skill or ability. I shall always remember him for the manner in which he never failed to give me a warm smile of recognition or a friendly greeting as we passed in the hall or saw each other through the elevator door across the rotunda. To one who was a stranger in a new position on a large staff, that warm smile and friendly greeting said much about the man who gave it—and meant much to the one who received it.

It gave me a certain feeling about Doctor Buxton—a feeling that here was a man whom I would like to know better, a man in whose hands one would not hesitate to put his life. The past week has only confirmed that feeling. Those who are able to judge Doctor Buxton's skill and knowledge have given the highest praise to those qualities, but they have also spoken uncommonly deeply about him as a man of sincere feeling and concern for others. Beyond them, there are others who have gone out of their way to speak of his human qualities. These people are simple laymen when it comes

to surgery. There was the man who works in the cafeteria speaking with great feeling last week about the accident in Rumania. There was the woman at the desk who said, "any hour of the day or night he would be here." There was the secretary who asked for several of the programs of this service for the girls in her office who would not be able to attend. Our feeling of loss runs deep and is much more than a matter of loss of skill, of knowledge, of teaching ability. It is a loss of human quality.

For those of us who work in the fields of health care there is no greater enemy than death. Of course, any human being could make that same statement. However, I think that we in the health care fields feel death even more keenly than others because we are in constant open combat with it. When death comes, it negates all of our efforts. It frustrates our hopes. It forces us to re-examine our skills. It drives us to question the shortcomings of our fund of knowledge.

Paul puts it very graphically when he says, "The last enemy is death." Of course, he was speaking primarily in theological terms. He was saying that in God's efforts to win men over, death would be the ultimate enemy.

Death is a powerful enemy. It is powerful because it is inevitable. We can delay it. At times, we can circumvent it for periods of time, but it eventually catches up. Death is inevitable for us because it is a part of life.

In our efforts to defeat this enemy called death, our problem is not so much how to postpone it or how to ease its process. The problem ultimately is how to handle it and in moments like this,

when we must face the loss of one who has meant much to us, we are forced to look at our own understanding of death.

I am certain that all of us have different—often vastly different—ideas about what death is, what it means and what its outcomes are. Our ideas about death and what follows it are as different as our concepts of God.

Many of our ideas about death and what follows it have been under attack recently as the swirl of life about us has been changing. The forces that spark our thinking have been changing. Some of us are not so certain about where heaven is, or what it is, or even whether it exists at all. Some of us have had our beliefs about life after death called into question. Some of us have been questioned even as to whether God Himself is dead or alive.

I'm afraid that I am rather simplistic in my own beliefs. I do not believe that God is dead. I believe that He is very much alive and still fully creative in our world. I believe that the God Who gave us a life in an orderly, created world does not let that life end with an automobile accident in Rumania.

There are those who will say that one cannot say with certainty that there is something beyond what we call this life. I would say just as strongly that they cannot say with certainty that there is nothing beyond this life.

We have only what I firmly believe to be the promises of God given through one whom I believe to be His Son to assure us that there is life beyond what we call death. We are promised that that life will be far better than this one. We are promised that it will be a life beyond the normal bounds of space and time. We are promised that it will consist of a full realization of the presence of God.

These are broad outlines—perhaps too

broad for our scientific bent. Yet, they are enough. They are all that we can handle without having the mind of God. They are enough to give us hope as we think about the death of a friend whom we have valued highly—or as we think about the inevitability of our own death.

To know specifically what lies on the other side of death is not really all that important. The greatest threat is that there is nothing there and that there will be nothing left of us here after it is all over.

This makes the life that we live here and now, today and tomorrow, crucially important. Robert Buxton's life did not end in Rumania. It goes on very tangibly in the foundation that he has laid in 1600 medical students, 67 residents and countless others who read his articles. His life goes on in the influence that it had on patients, on cafeteria workers, on receptionists, on secretaries, on chaplains and on his other friends and the professional associates who have known him. Of course, I believe that there is more beyond death than this, but even this is a positive kind of life that goes far beyond a given man's death.

If you and I can develop the quality of life that our various religious faiths teach us—if we can put that quality of life into our everyday practice of living, then that "last enemy" that we call death will no longer be a threat to us.

Let us pray:

Our Father God, who has created and continued life and who has called us to be caretakers of your creation, we come to you for comfort and strength as we face the loss of one who has meant so much to us as a colleague, a teacher, a physician and—above all—as a friend.

We give thanks for the life of Robert Buxton and for all that he has given of

*(Continued on page 38)*



## Editorial

### DR. HARRY C. BYRD

Harry Clifton Byrd, President of the University of Maryland from 1936-1954, died on October 2nd, 1970, in the University of Maryland Hospital. Dr. Byrd was actually the keystone of the University of Maryland as we now see it. Indeed, he planned it and was the chief architect of its broad base and its ultimate enormous size.

An ambitious man of great personal magnitude, "Curley" began by administrative responsibilities as assistant to the President, having been a star athlete, returning 4 years after his graduation to teach English and to coach football.

Curley was a native Eastern Shoreman from Somerset County. He entered the old Maryland Agricultural College in 1925 presumably to study engineering, but his many interests led him into other fields. He studied law. For a while he worked as a sports writer for the Washington *Evening Star* and coached high school athletics.

Dr. Byrd was an organizer. He had a huge alumni following which extended into the Maryland State legislature. Some thought he personally dominated there all matters pertaining to the University.

He was a builder, an advocate of expansion and growth; a convincing talker and a consistent advocate of a great University. At one time, he even talked the legislature into a private bond issue for the University. At one time, he sought to capture the funds belonging to the Trustees of the Endowment Fund of the "old" University of Maryland.

While overtly conciliatory of the requests of the School of Medicine his interests were centered in the University as a whole. It was only after considerable pressure that he was persuaded to lead the Board of Regents into a planned reorganization and an improvement of the School of Medicine, a fact which became a reality at about the time he made an unwise excursion into politics. Despite an apparent indifference toward the problem of medical education his attitude was more passive than hostile. Because he was a "big" man he could be persuaded. Once the plan was approved, he gave it his sincere support. To the University as a whole, Dr. Byrd will be remembered as a dynamic force and as a leader who took a very limited enterprise and gave it a good start.

## CORRESPONDENCE

*Dr. John A. Wagner, Editor  
Bulletin of the School of Medicine*

*Dear Sir:*

*This letter is in response to the discussion of the current problems in Obstetrics and Gynecology by Dr. Arthur H. Haskins, especially in reference to abortion (Bulletin, July, 1970).*

*I am a resident in The Psychiatric Institute and a member of the Committee on Abortion of the Maryland Psychiatric Society. Our committee has involved itself with the availability of abortion, especially to the so-called "medically indigent." The factor of "clinic" patients not having proper and available abortion facilities has become apparent. Some hospitals have had to schedule long waiting lists which delay the abortion, sometimes until it is too late. The psychiatric aspects of this have sorely concerned us. Our committee's report (available to any who wish to study it) states abortion should be viewed as a crisis situation in medical practice.*

*Reading in the "Bulletin" that "our clinic patients rarely seek artificial termination of pregnancy" was disarming. In fact, I (and colleagues in the Institute, both faculty and resident staff) have referred abortion patients to other clinics and hospitals as it was reported by authoritative sources here at University Hospital that four clinic patients is the limit per month. It is widely known in medical circles and interpreted to medical personnel by the OB-GYN staff that abortion is not done to more than this minimal level at University of Maryland Hospital. If this impression is incorrect, many would welcome correction of this belief. If so, it is difficult to understand why clinic patients of University Hospital are not seen as seeking abortion and those in other sections do. I don't believe or find evidence that abortion elsewhere is coerced on unwilling women. Possibly, our facilities could be opened to*

*those pregnant women seeking abortion who otherwise would need to wait so long at other clinics. However, I have found that abortion is quite difficult to obtain here at the University of Maryland Hospital. I quite agree with Dr. Haskins that contraception should be primary, but this preventive approach will not relieve the psychological effects to an unwillingly pregnant woman. Essentially, one can say any unwillingly pregnant woman is a contraceptive failure as the information, counseling and material did not reach her. Further, it is my belief that a child born unwanted is a serious economic, moral, social and possible psychiatric problem. There is psychiatric evidence and theory to sustain this belief.*

*Presently, the uncontrollable fact of one's residence at the time of pregnancy determines one's eligibility for elective abortion and places the woman in a "geographic bind" in that other clinics will not accept persons from outside their clinic area for abortion (as they claim they are overwhelmed already) and because of her economic circumstance she can not go to other physicians or hospitals as the private patient may.*

*It does seem that the issues and position of University of Maryland Hospital are unclear, and that the article in the Bulletin might suggest a willingness to do abortion here, but that no patients request it. This situation could be rectified easily, I am sure. However, if previous opinion holds true (i.e., that this procedure is severely limited here) then it seems necessary (and our report suggests this) that the Medical and Chirurgical faculty, the Maryland Psychiatric Society and the State Department of Health see that health care needs relative to abortion be met in a systematic, expeditious and humane manner.*

*Sincerely,*

*FRANK J. ZORICK, M.D.*

*Psychiatric Institute  
19 October, 1970*

# Book Reviews

**Basic Neuropathology.** By Ursula T. Slager, M.D. Williams & Wilkins Publisher, Baltimore, Maryland. Price: \$14.50. 311 pp.

This book represents an inexpensive, concise and well organized introduction to Neuropathology. The author has organized the book into nine general categories giving her excellent latitude for discussion and correlation of a great deal of material heretofore organizationally unfathomable to the beginner. The language of the book is clear and concise. The illustrations contribute to the understanding of the material presented. There is a great amount of space devoted to normal anatomy obviously indicating Dr. Slager's belief that this subject is basic to the

understanding of Neuropathology. Occasionally, the book is given to clinical appraisals of certain cases which are probably unnecessary. The reference section at the end of each chapter is comprehensive.

Overall, this book is a fine attempt to bridge a gaping hole between pathology and the esoteric texts written for the understanding of lifetime workers in the Neurosciences. It is a valuable addition to the library of any student, resident or practitioner with an interest in this subject.

EDWARD D. LAYNE, M.D.  
*Resident in Neurological  
Surgery, University of  
Maryland Hospital,  
Baltimore, Maryland*

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## "The Last Enemy"

*(Continued from page 35)*

himself to us and to others. We are thankful for his dedication to learning and his devotion to teaching. We are thankful for his skill as a surgeon and for his warmth as a friend. We mourn our loss of his presence, but we find comfort and hope in the assurance that there is continuity of life with you even beyond what we call death. Grant him, O God, the reality of everlasting life with you and renew our hope in that life.

Now as we go on in the time that is left to us, strengthen our sense of the continuity of life. Help us to use what we have gained from Robert Buxton and others who have influenced us in order that we might add to the lives of those who follow us.

All these things we ask humbly and hopefully in the name of him who taught us to pray together saying:

Our Father, Who art in Heaven . . .





## MEDICAL SCHOOL SECTION

### *Dean's* **LETTER**

*Dear Alumni and Friends of the Medical School:*

This summer at the University of Maryland School of Medicine has been marked by a significant step forward and by a tragedy.

The tragedy was the death of Dr. Robert W. Buxton, Professor and Head of the Department of Surgery. As most of you probably know by now, Dr. Buxton died on August 14, 1970, four days after he was involved in an automobile accident while on vacation in Romania. He was one of the most beloved men on this campus, a master surgeon and an inspiring teacher. He is sorely missed by alumni, students, and faculty alike. Dr. Arlie Mansberger has been named acting head of the Department of Surgery, and a committee chaired by Dr. George Yeager has begun a search for a successor to the chair.

The significant step forward occurred in June when the Bureau of Health Professions Education of the National Institutes of Health notified the school that it had given full approval to our request for \$9.2 million for the construction of an addition to Howard Hall. This will be fourteen stories tall and will contain a student affairs area, a 340-seat lecture hall, a 260-seat lecture hall, additional teaching and faculty space for most departments and new administrative offices for the school. The structure will be physically connected to the new North Hospital by bridges at two levels. We are optimistic that the grant will be funded by the time the architectural drawings are completed in August, 1971. This represents the largest single federal commitment ever received by the University of Maryland. The matching state funds are in hand.

With best wishes,

Sincerely yours,

JOHN H. MOXLEY, M.D.  
Dean

## Dean's Report to Alumni 1969-1970

John H. Moxley, III, M.D., Dean  
School of Medicine\*

First of all I would like to present to you my view of the history of this school, which is rather brief, which you may or may not agree with, but at least it will give us a common reference point. I believe this school is viewed in the wrong light. The school is, in fact, the sixth oldest medical school in the nation and was the original school of this university. That is a *very factual* and a *very misleading* statement and I will now try to develop why.

Although the early development of the school is interesting and colorful and has to do with state lotteries and duels between students and so forth, it is not really relevant to our consideration today so I am going to jump up to the year 1913 when the Flexner Report, which you have all heard quoted many times, was produced. Let me emphasize two recommendations of that report. One was to encourage medical schools into the framework of universities; another was to encourage the development of full-time faculty. As other medical schools around the country set about implementing these recommendations what was happening at the University of Maryland? Seven years later, in 1920, the seat of the university was moved to College Park, leaving the professional schools in downtown Baltimore with little attention from the parent university. Furthermore, the University of Maryland School of Medicine, for reasons that are not entirely clear to me, continued with a part-time faculty. This led to the development of very strong clinical entrepreneurship in University Hospital but unfortunately the pre-clinical departments lagged in their development—some departments were not created that should have been, a library was not properly developed, etc.

What was the state doing at this point in time? It was giving what support it was providing to the university largely to the College Park campus. I would point out to you that this perhaps is properly so, as it was a rapidly expanding institution at that time, but I would also point out that the state budget of this medical school was below \$500,000 as late as the early 1950's. In the early fifties, many of you remember this, the school was placed on probation by the accrediting bodies. This is not to say that the medical education provided to students was less than it should have been, but rather that organizationally the school was somewhat out of phase with other medical schools. It was at that point in time that my predecessor, Dean Stone, took office. He inherited significant difficulties but he somehow managed to get the situation under control and get the accreditation restored. He began at that time, some 40 years *after* the Flexner Report, to recruit a nucleus of full-time faculty. He began to put emphasis on developing the pre-clinical departments of the school and to get the state to increase its dollar input to the School of Medicine. In my view, his stewardship will be viewed by historians of this school as one of the major progress for the School of Medicine.

The next occurrence that I think we should pay attention to as we trace the development of this school occurred in the early 1960's when the state made the decision to develop a university campus near Baltimore—I believe it was first the intention to develop it in Baltimore but this became impossible because of land acquisition. Consequently the school, which is under development now, is located in Catonsville. For the first time this gave the Medical School a real opportunity to relate meaningfully to a general education campus. UMBC, as it is called, was initially quite reticent. It was concerned, in my opinion, that it would be dominated by this campus if it got too involved with us. Now as they prepare to graduate their first class, cooperative ventures are beginning to materialize. These are developing at the present time more in the

\* This report of Dean Moxley's first year as Dean of the School of Medicine was presented at the Annual Meeting of the Medical Alumni Association, Davidge Hall, June 4, 1970. Reports of Department Heads were published in the July edition of the *Bulletin*, g. v.

hard sciences and in the graduate school aspects of the Medical School than in undergraduate medical courses. Hopefully developments will soon begin to occur in the social sciences—there have been some already but we hope there will be more. As Dr. Eugene B. Brody has pointed out the social sciences are of increasing importance in medical education today.

There have also been some significant developments not directly impinging on the education of the medical student but very important to him—I am talking now of the student health area. Early next fall there will be a six-bed extended care infirmary at UMBC. We will have an ambulatory program on this campus for students and employees and a smaller one at UMBC. University Hospital will continue to be used for acute care of ill students but they will be transferred as they convalesce to the extended care facility at Catonsville, cutting down on the cost of their health care and cost to the institution.

With the development of the University of Maryland at Baltimore, Dr. Albin O. Kuhn was appointed Chancellor of the Baltimore Campuses. This for the first time provided direct university administrative input to Baltimore. Dr. Kuhn has been very active on both campuses. He spearheaded the recruitment of a new group of deans for this campus, my appointment being the most recent one. The deans from the Baltimore schools and the vice-chancellor from UMBC now meet with Dr. Kuhn regularly on a weekly basis and I think it is fair to say that this group is beginning to think and plan as a unit rather than as schools in isolation as in the past. Now the point of this historical development is that in my opinion, for analytical purposes, this school should be viewed as a developing medical school. If you will view it in that light our problems become much more understandable. If you view it in the light of a young school that is in a rapid state of expansion, with all the problems that are involved in such expansion, I think you will begin to understand it better.

I would now like to move to several aspects of the Medical School and comment on them in turn, some old developments and some new. First I would like to comment on the student body and the applicant pool. The pool of applicants to medical schools in this country is almost overwhelming. At the present time roughly 21,000 applicants generate 114,000 applications for approximately 10,000 places. The Maryland pool specifically is approaching 1,000 and the quality of applicants has risen markedly over the last five years. These developments have given rise to very difficult situations. From the time our acceptances go out in March or April until the end of the summer the Assistant Dean for Admissions, members of the Admissions Committee, other members of the faculty and I are bombarded by irate applicants and their families. Their frustration is genuine, and well it might be. There is little question that many who are not accepted here or elsewhere could handle the curriculum and would make fine physicians. Let me assure you that none of us is happy with this situation. Why anyone on this faculty, or any other for that matter, is willing to accept a position on an admissions committee is surprising. Members of the Admissions Committee spend untold hours deliberating—indeed agonizing—over each applicant, making the best choices they can make, only to be thanked with abuse. In my opinion the growing demand that this country must provide access to medical education for all who are qualified is by far the most potent force for expansion of our medical school.

Let me move now to the disadvantaged student program. This program was developed a little over a year ago in response to what the faculty viewed as a national problem. The faculty agreed to admit a small number of “disadvantaged” students over and above the established class size. The following definition was adopted for disadvantaged: “Those who are socio-economically or culturally different from the majority of persons, and who because of such socio-economic or cultural differences would, without special assistance, be unable to pursue a course of higher education, or do so



only with disproportionately great difficulty.” The faculty further stipulated that a summer educational program be included in the program. This program is a six-to-eight week intensive academic experience in human biology. The admitted disadvantaged students, plus approximately 12 college undergraduates primarily from Morgan State College who aspire to a career in the health sciences, attend this program. There is a medical student faculty, with medical school faculty back-up and supervision. From its inception last year this program has been supported by private donations and not by state funds. Beginning this summer the program will be a cooperative venture with the Johns Hopkins School of Medicine. The program has received support for the next three years by a grant of over \$100,000 from the Josiah Macy Foundation in New York.

Why a disadvantaged student program? The fact that our society is in a state of crisis should not need amplification to anyone who is at all aware of his surroundings in the year 1970. Part of the crisis, it seems to me, stems from the fact that one of the founding concepts of this country—equal opportunity—does not in fact exist. In medical education, for example, approximately 90% of the students come from families in the top 15% socio-economic bracket of the country. Lack of equal opportunity is helping to divide our society in many ways and I think it is particularly apparent to members of this school because of the urban situation in which we reside. The trend line, for any of those who are not familiar with the City of Baltimore, is becoming clearer every year—the city is becoming inhabited by black citizens, the suburbs by white. I contend that our society cannot exist if these trend lines are not altered. Improving educational opportunity is not a cure-all but I do believe it is a step in the right direction. We are not simply a group of academic liberals “doing our thing.” The problem is very real; it is upon us; and we are trying to do something about it.

I sincerely believe that medicine as a profession will be enriched by such programs. Medicine has become a somewhat stereo-

typed, monochromatic profession because of the uniformity of people coming into it. The upper socio-economic bracket is not necessarily the best representative group to deal with many of the health problems of the urban dwellers, the minority groups, or the poor in general. Many of the problems specific to these groups require that “you have been there” to understand the situation. The Lady Bountiful approach will not meet the need. The school, therefore, refused to take the easy way out, which would be to say we are overwhelmed with applicants now so what can we do to help this situation? Fortunately over 60 other schools also moved in the same direction. The results reveal the potent effect of the attack on the problem—there are more than twice as many members of minorities in the freshman class of medical schools than only one year ago. What about the issue that this will lower the quality of this medical school? I don’t believe this is an issue at all. It is true that these students have different types of backgrounds; it is true that they have different types of credentials. The Admissions Committee studies this group intensively; it does not accept any student who in their opinion could not handle the academic work. Students are enrolled in the same academic program and are measured by the same standards as are all our other students. Further, I would point out that they are subject to the same licensure requirements as are all other physicians, and medical schools have no control over licensure requirements.

What about the argument that we are displacing other students by admitting these disadvantaged students? I would emphasize that the disadvantaged students are accepted over and above the regular class. They are viewed as two separate pools and could just as easily be admitted by separate admissions committees. No applicant who would have been accepted into the entering class at this medical school is displaced by a disadvantaged applicant.

What about expansion of the overall student body? This is another issue of very high priority in our nation at the present time. This school has expanded by 52%, from

90-137 students, since the late 1950's. We are committed to taking 155 students when the North Hospital is completed and have indicated a willingness to make the commitment to go to 163 students when the Howard Hall addition is completed. This will give us an overall expansion rate of 81% in slightly over a decade, making us one of the most rapidly expanding medical centers in the United States. Indeed when we get to 155 students we will be one of the ten largest academic medical centers in this country. We have further stated that we are willing to go to an entering class of approximately 200 medical students per year when the capital and operating funds are made available by the state and federal agencies who currently support us.

I must say that I am continually appalled at being asked by state officials when we are going to expand. We *are* expanding at a rapid rate, by medical school standards, and I plead with you to spread the word in your local communities, and if you can to help us kindle the fires in Annapolis to supply the funds for future expansion. That is the bottleneck, not the school. We have at the present time, in my opinion, an inadequate operating budget. To give you some perspective, I recently visited with a site team a medical school in California that is three years old, also a state-supported school. Their budget is already larger than ours. Although things have been improving we still have a long way to go. The commitment on the part of the school is there, it is genuine, we won't back off from it, we will expand as soon as we are given the money to do it properly.

What about the curriculum and curriculum change? All four years have received some attention from the Curriculum Committee since it was revised some few years back and I will summarize some of these changes for you. I think it is safe to say that in the first two years there has been a reduction in the "cookbook" type of laboratory session that you all remember. There has been increased emphasis on small group discussions and on special laboratory projects

undertaken by a single student or by groups of students. There has been initiated an integrated multidisciplinary course in the neurosciences. There has been some reduction in gross anatomy, which has occurred I think in all medical schools across the country. There has been the introduction of a course known as "Correlative Medicine" which is a course relating the basic sciences to clinical problems, and as best we can determine this course has been widely accepted among medical students who are eager for earlier clinical contact. In the third year we still have the standard in-patient clinical clerkships in medicine, surgery, pediatrics, psychiatry and obstetrics and gynecology. In the fourth year, which now begins immediately upon conclusion of the third year, there are 12 weeks of vacation which are optional and may be scheduled at any time throughout the year and six weeks of required experience in the provision of ambulatory care. This last aspect of the curriculum has been coordinated by faculty committees and will be provided at multiple sites around the city with small numbers of students at each site. The various auxiliary services such as social work, nutrition, rehabilitation, etc. will be coordinated into the program so that hopefully we can impart to the students something of the concept of providing comprehensive ambulatory care. The remainder of the year—24-36 weeks depending on whether or not the student chooses to take a vacation—is planned by the student and his faculty advisor. They select from over 200 elective offerings approved by a faculty committee and detailed in a large reference volume. The student now has in his new curriculum the flexibility to fashion a portion of his medical education to meet the needs of his projected career as he and his faculty advisor see them. If he is uncertain what his projected career is to be he may resample several areas and attempt to settle on his future direction.

To say that curriculum innovation is always painful is an understatement, that it is particularly painful when the curriculum has remained rigid as it has in medical education for many years change is doubly painful.

Nevertheless we plan to keep at it and will try to develop programs that will better meet the needs of young people who are embarking into several pathways offered by modern medicine.

We have also been working this year on a new hospital affiliation program. At this school, like others, affiliations have developed in a rather haphazard fashion on a departmental basis over the last 15 or 20 years. They often stem from the need of a community hospital whose house staff program is failing, or from the need of the school for immediate expansion in clinical facilities for training purposes. If one views the affiliation program in 1970 he finds a haphazard network without much direction from the point of view of the overall needs of either the community hospital or the medical school. We are in the process of implementing this year a new program that will give rise to more of an across-the-board type of affiliation, or an institution-to-institution type of affiliation. This program views affiliation at several levels depending upon the extent of the commitment that the community hospital desires to make to medical education as well as the educational needs of the medical school. The first level of this program has to do with a new type of continuing education, dealing with the medical care problems that exist in the particular community hospital. It will focus more on a medical audit type of program—what sort of problems are occurring in this hospital and how can they best be approached?—rather than by having the visiting fireman come and lecture on a topic of his choice. To accomplish this the hospital must make very little in the way of a commitment. There has to be some continuing leadership of its various departments, there has to be some person designated who we can relate to, but beyond that there isn't a great commitment. The next more complicated level is an affiliation at the graduate education—or house staff—level; this is more complex and requires a greater commitment on the part of the community hospital. We feel that to run a good graduate educational program the hospital must have a full-time director to supervise and help

develop it. It should also have a fairly clear commitment from a number of its staff to teach in this program and should have scheduled conferences which all members of the staff attend for teaching purposes.

It becomes even more complicated and requires even more of a commitment on the part of a community hospital and the medical school to go to the undergraduate education level. In the teaching of medical undergraduates the hospital does not get the immediate return in service that it gets from house staff, or people who can teach house staff. If you are a fine clinician you contribute significantly to the education of a house officer, but you have to have a bit more than that to contribute to the education of a medical student. You must be able to relate pathophysiology to the clinical situation. This requires a somewhat special person who might be a very good practitioner, who might be a very good researcher, but he has to have this knack. From this type of person the hospital often does not get as direct a return in terms of service as it does from others and it does not receive a direct feedback in terms of service from the medical student so it is a fairly major commitment.

In general we are not pushing for abrupt changes in existing programs but rather for a staged transition, or indeed staged phase-out depending on the desire of the individual hospital. We hope very much that all new affiliations will be developed under this new concept. There will be a lot of work going on on this during the next year—this is just off the launching pad. It is perhaps a good topic for a more detailed report from Dr. Morton Rapoport and Dr. Robert Evans next year, who are handling the development of the affiliation program.

I would now like to move to another new program, the Office of Health Care Programs. There has been great need from several points of view to rationalize and further develop our ambulatory services on this campus and at this medical center. I include in this our emergency services. As it becomes apparent that comprehensive ambulatory care is an important national goal in



## MEDICAL SCHOOL SECTION

the drive to rationalize all of our health services in this country, we cannot expect our graduates to understand and provide such services if during their formative years they are exposed only to the critically ill inpatient. Furthermore the school exists, as all of you are aware, in a very crowded urban environment where health services are extremely scarce. Therefore we must accept the responsibility of providing dignified and competent care to those who live around us and are affected by our every action. To develop programs to meet these and other needs, I have formed in the Dean's Office an Office of Health Care Programs. This office is headed by Dr. William S. Spicer, an associate dean, and is responsible for rationalizing, improving and evaluating the effects of our ambulatory programs. Its first goal is to prepare us to move into the new ambulatory care facilities in the North Hospital. I do not have time to detail the progress to date but I think it has been significant, particularly in the emergency service area. Reorganization of the clinic is currently under discussion and we hope to begin to implement some changes in this area by October, 1970. Once again this area will have a great deal of activity over the next year and will be a good subject for a more detailed report to you next spring.

Like any city with more than one medical school, the Medical School has felt some compulsion to do battle over the years. Dr. David E. Rogers is relatively new at Hopkins, and I am new at Maryland; we happen to be friends and share the feeling that both schools will benefit from close cooperation. He and I meet regularly to discuss matters of interest to both schools. We have developed a very good working relationship at the dean's level. Whether you view this as starting at the top or bottom depends on your point of view, but we hope that it will spread upward so the two schools can cooperate in accomplishing the many things that need to be done not only in medical education but in the city of Baltimore.

Let me comment briefly on new facilities. These are important but not nearly as important as the programs that go into them. Dr. George H. Yeager has brought you up to date on the North Hospital: the foundation is stabilized—we were worried at one point that it was rising and settling with the tides in the Bay, but things have settled down—and they are starting to erect the structural steel. We glance that way every time we pass hoping to see the steel begin to come above the now-beautifully-decorated fence, but alas as yet it has not. We do expect it to do so in the very near future. This building will house our new ambulatory facilities and additional hospital beds. We will be able to remove the original University Hospital at that time preserving, I should add, some significant materials from it for the historical collections to be developed in Davidge Hall.

The proposed addition to Howard Hall is a 14-story addition that will fit into the cut-out area in one corner of the present building. It will house additional laboratory, offices and teaching facilities for preclinical departments and clinical departments and will house administrative offices for the Medical School including a new Student Affairs Office. The administrative offices will be on the 14th floor; the Student Affairs and Curriculum Office on the first floor, with the several departments in between. At the time that building is completed we will officially move the Dean's Offices out of Davidge Hall. This building will then be restored to its original state by the Alumni Association—it has already been proclaimed a state landmark and we hope to have it proclaimed a national landmark in the near future.

The Howard Hall situation is as follows. We submitted an application a year and a half ago to an agency that went out of business. We withdrew that application and submitted a new one to a manpower development agency. They site visited the campus in February and our report was taken up by a review committee in May. The proposal will go to the council of that particular NIH review group in June and we should have some

firm indication by July 1st where we stand. State funds, some \$9 million, are in hand; we are asking the federal government for a matching \$9 million for which we will go from 155 to 163 students. This is not a significant jump, rather it is what the federal government calls a "minor expansion." However, through a series of misfortunes this school has never gotten what it should have gotten for its first two major jumps from 100 to 127 +, and the NIH department is willing to take cognizance of this and are viewing the Howard Hall application as a facility needed for the increase from 100 to 163 rather than for just 8 additional students. I think this is our Achilles heel; there is no question that these councils have a great deal of pressure on them from society in general, and from the Congress, to encourage expansion of medical schools and if they do not accept the concept that they are providing facilities for a much larger jump than the 8 students we could have great difficulty. Other than that I think the application was well founded, the site visit went very well and I think we are in good shape.

For several years we have been discussing with the V.A. the possibility of relocating some V.A. facilities in Baltimore. We have been intensively discussing it since last June and have made some progress. There is \$1.5 million in the V.A. budget next year and it is in such a way that I don't think it will be removed, for acquisition of land on this campus for construction of a 450-bed V.A. Hospital. The Veterans Administration Realty Board was on the campus for the final time last week. Two possible sites were selected. One site is directly north of Davidge Hall including the Old Law School which is now the School of Social Work and the parking lot across the street from it. We own Redwood Street and can close it at any time. The other site is directly north across Baltimore Street from the new North Hospital, which is an L-shaped site going around the new parking garage. I think, although this decision is up to them, that they are leaning toward this location with a "working corridor" bridging Baltimore Street and connecting with the North Hospital. We are in

the process now of exploring with city officials air rights, etc. and things we did not think we would get into but are happy that we are. This type of physical connection on several floors will integrate the V.A. hospital more closely into the medical center. This is clearly the direction the V.A. is moving and it is clearly the direction we would like them to move. Furthermore they are even talking about—and this has been talked about in connection with the Community Mental Health Center, too—a second level walkway that will connect the Community Mental Health Center with the Psychiatric Institute to allow the Dental School, the V.A. Hospital, the North Hospital and the new Howard Hall all to connect into the second level walkway. It sounds a little wild but I think it is very possible and actually we may be closer to it than we realize. The Community Mental Health and Retardation Center, by the way, goes to bid next January so if no problems arise it should be up within three years.

In regard to the North Hospital we are hoping for completion about two years from now; Howard Hall, if all goes well, a year after; the V.A., if all goes well and we have a few miracles, within five years but probably closer to six or seven. This, then, is what we have planned in terms of physical facilities in the future.

I would like to close by commenting on alumni relationships and state that I have enjoyed very much working with Dr. Townsend this past year. I hate very much to see his term expire but at the same time look forward to working with Dr. Kardash and meeting with him frequently on matters of mutual interest. I am not naive enough to believe that we are always going to agree—I think that is too much to expect—but I do think we have some very strong common goals, primarily to develop the best medical center possible in the City of Baltimore, the State of Maryland, and the United States. Working together I genuinely feel this goal is possible and hope very much that we can count on your support. Thank you.

# Faculty

## NOTES

Dr. Fernando G. Bloedorn, professor of radiology and head of the division of radiotherapy, became professor and chairman of the Department of Therapeutic Radiology at Tufts University, New England Medical Center in March, 1968. Dr. Bloedorn had been associated with the School of Medicine since 1955, and was instrumental in the development of its Department of Radiology.

Dr. John R. Marshall, former instructor at the School of Medicine, died January 25, 1968, at the age of 42. Dr. Marshall interned at Indianapolis (Indiana) General Hospital, then served his residency at St. Francis Hospital in Hartford, Connecticut, and at King's County Hospital in Brooklyn, New York. After working with the Army Medical Corps in Germany from 1951 to 1954, he taught at the School of Medicine here from 1957 to 1960.

Prior to his death, Dr. Marshall was an anesthesiologist at Johns Hopkins Hospital, where he had constructed a pulse monitor and an electric shock mock-up to show how specific anesthetics affect the human body. Dr. Marshall was a member of the American Medical Association, the American Society of Anesthesiologists and the Institute of Electrical and Electronics Engineers.

### Dr. Mansberger Named Acting Surgery Chief

Dr. Arlie R. Mansberger, Jr., Professor of Surgery at the School of Medicine, has been named acting head of the Department following the untimely death of Professor and Chairman of the Department of Surgery, Dr. Robert W. Buxton.

Dr. Mansberger, a distinguished surgeon and scientist, will conduct the affairs of the Department until a successor has been named.

### Committee Appointed To Seek New Surgical Head

A Committee headed by Dr. George H. Yeager has been named by Dean Moxley to nominate a candidate for the Professorship and Chairmanship of the Department of Surgery to succeed the late Robert W. Buxton. The Committee would welcome suggestions and nominations from faculty and alumni alike. Communications should be directed to Dr. George H. Yeager, Director, University of Maryland Hospital, Baltimore, Maryland.

### North Hospital Progress

A report late in September indicated a 20 per cent progress in the North Hospital building construction with the basements virtually complete in rough form. Steel framework now extends for about 5 floors. It is expected that steel fabrication will be completed before January 1, 1970. The estimated day of completion as of September 20, 1970, is about July 1, 1972.

### Tuerk House, a Quarter-way House for Alcoholics

A new educational approach to the salvage of the alcoholic has been developed following the passage several years ago of a law which in Maryland now recognizes alcoholism as a disease.<sup>1</sup>

Named in honor of Dr. Isadore Tuerk,

<sup>1</sup> Alcoholics are no longer sent to jail in the State of Maryland.



an alumnus of the School of Medicine and retired Commissioner of the Department of Mental Hygiene and retired associate professor of psychiatry at the University of Maryland School of Medicine, a twenty-bed house has been opened at 106 North Greene Street as a project to improve the environment for treatment and counseling male alcoholics in their acute phases.

The house is more in the nature of a dormitory than a hospital and is staffed by persons competent in the understanding of alcoholism as an illness. Wendy Maters, nurse coordinator, and Walter Criddle, senior counselor, comprise the staff. The unit is financed by the State Department of Mental Hygiene.

### **Postgraduate Programs Receive Official Approval**

The Council on Medical Education of the American Medical Association has informed the Dean and the Postgraduate Committee that the Continuing Education Program of the School of Medicine has been granted full approval by the Council on Medical Education. Dr. Ephraim T. Lisansky is Director of all postgraduate programs.

### **Post-Graduate Committee Announces In-Service Training As Part of Continuing Medical Education Program**

Dr. Ephraim T. Lisansky, Chairman and Director of the Committee on Continuing Education, has announced the following in-service program for the 1970-1971 school year.

Various departments and sub-divisions of the University of Maryland School of Medicine are open to interested physicians through a "Visiting Traineeship In-Service Program" designed to expose the practicing physician to the most current concepts in the practice of medicine, surgery and their various specialties.

This program is highly flexible and designed for each enrollee individually. The enrolled physician will participate in the de-

partment's routine scheduled program of Rounds, Clinics and Conferences. No alteration in the departmental routine will be made to formalize the program into a specific postgraduate course. The enrollee will, however, be the guest of the division or department with which he affiliates. Ample allowance of time will be made for collateral reading in the privacy of the library and for attendance at Chief of Service Rounds, Resident Rounds and Grand Rounds, if desired.

Each program is individually designed where possible. Such programs are formulated after a personal interview with the Director, or Assistant Director of the Committee on Continuing Medical Education, and the Department or Division Head under whose supervision the trainee or enrollee will work. However, if a personal interview is inconvenient because of geographical distance, applications will be considered by appropriate correspondence.

Minimum enrollment is one week (5 days). Longer periods may be arranged with the approval of the Chairman of the Committee on Continuing Medical Education and the Head of the department or division involved.

The Visiting Traineeship In-Service Program allows for cross-disciplinary visiting, or the entire period may be allocated to one specific subject or medical problem. This program, therefore, offers a variety of possibilities that may allow a profitable and rewarding experience.

This program of training is not available during June, July, August and September.

### **HEADS OF DEPARTMENTS & DIVISIONS**

#### **ANATOMY:**

Frank H. J. Figge, Ph.D.

#### **ANESTHESIOLOGY:**

Martin Helrich, M.D.

#### **BIOLOGICAL CHEMISTRY:**

Elijah Adams, M.D.

#### **BIOPHYSICS:**

Lorin J. Mullins, Ph.D.

*MEDICAL SCHOOL SECTION*

**CELL BIOLOGY & PHARMACOLOGY:**

H. V. Aposhian, Ph.D.

**INTERNATIONAL MEDICINE:**

Fred R. McCrumb, M.D.

**MEDICINE:**

Theodore E. Woodward, M.D.

Arthritis & Rheumatology:

Werner Barth, M.D.

Bacteriology & Serology (Clinical):

Merrill J. Snyder, M.D.

Biochemistry (Clinical):

Jason M. Masters, Ph.D.

Cardiology:

Leonard Scherlis, M.D.

Chronic Illness: Rehab. of stroke, spinal cord injury, arthritis, the cardiac and general medical problems.

Francis J. Borges, M.D.

Dermatology:

H. M. Robinson, M.D.

Diabetes:

Chas. E. Shaw, M.D.

Endocrinology & Metabolism:

Thomas B. Connor, M.D.

John G. Wiswell, M.D.

Family Medicine:

William L. Stewart, M.D.

Gastroenterology:

Howard F. Raskin, M.D.

Hematology & Blood Bank:

Carroll L. Spurling, M.D.

Hypertension & Renal Disease:

Glenn D. Lubash, M.D.

Infectious Diseases:

Richard B. Hornick, M.D.

Pulmonary Diseases:

David Simpson, M.D.

Radioisotopes:

Jos. B. Workman, M.D.

**MICROBIOLOGY:**

Chas. L. Wisseman, M.D.

**NEUROLOGY:**

Erland Nelson, M.D.

**OBS-GYN:**

Arthur L. Haskins, M.D.

**OPHTHALMOLOGY:**

Richard D. Richards, M.D.

**PATHOLOGY:**

Robert B. Schultz, M.D.

Neuropathology:

John A. Wagner, M.D.

**PEDIATRICS:**

Marvin Cornblath, M.D.

Children's Evaluation Clinic:

R. L. Clemmens, M.D.

Community Pediatric Center:

Ray Hepner, M.D.

**PHYSIOLOGY:**

Wm. D. Blake, M.D.

**PREVENTIVE MEDICINE:**

Geo. Entwisle, M.D.

Physical Medicine and Rehabilitation:

Paul F. Richardson, M.D.

**PSYCHIATRY:**

Eugene B. Brody, M.D.

Grad. Psy. Training:

Russell R. Moore, M.D.

Adult Out-pt. Psy.:

Herbert S. Gross, M.D.

Child Psychiatry:

Frank T. Rafferty, M.D.

Liaison Psychiatry:

Virginia Huffer, M.D.

**RADIOLOGY:**

John M. Dennis, M.D.

**RADIOTHERAPY:**

Morris J. Wizenberg, M.D.

**SURGERY:**

Arlie R. Mansberger, Jr., M.D.

Neurosurgery:

James G. Arnold, M.D.

Orthopedic Surgery:

T. H. Morgan, M.D.

Otolaryngology:

Cyrus L. Blanchard, M.D.

Thoracic Surgery:

R. Adams Cowley, M.D.

Urology:

John D. Young, M.D.

Application blanks may be obtained from the Committee on Continuing Education, Davidge Hall, 522 West Lombard Street, Baltimore, Maryland 21201.

**Broad Reorganization Policies  
Adopted By President Elkins**

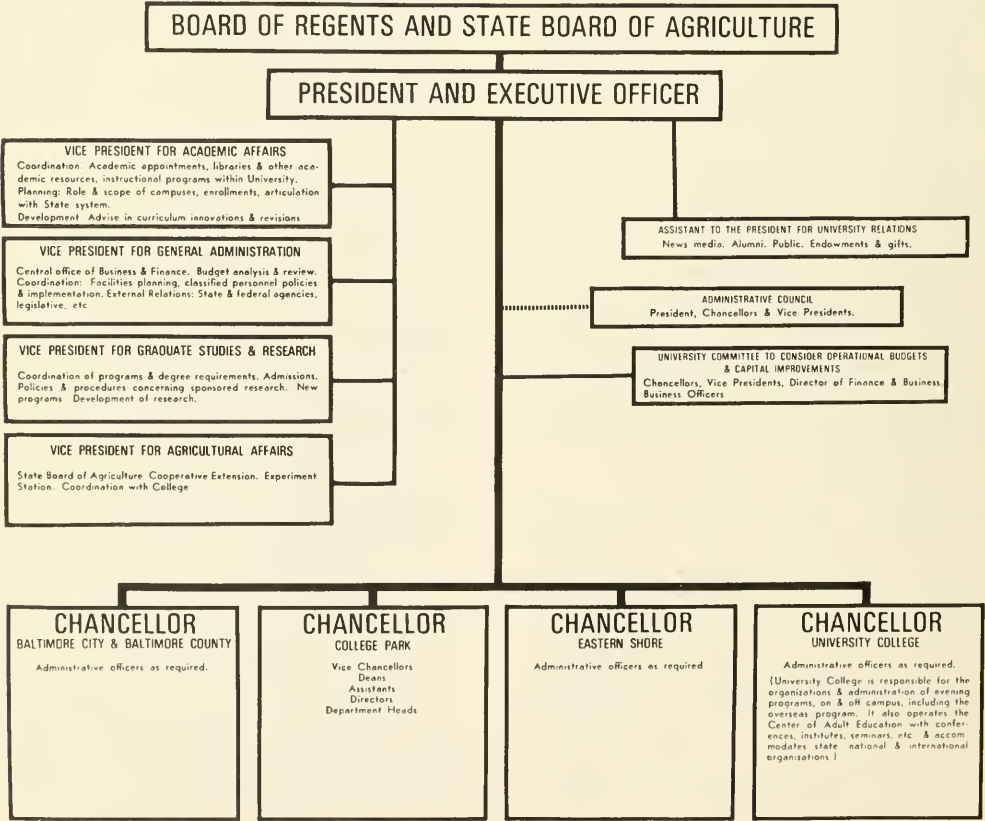
With numerous consolidations along with the normal growth of the University, the entire enrollment now involves more than 34,000 day-time students. Accordingly, Dr. Wilson H. Elkins and the Board of Regents have announced a reorganization policy involving parallel administrative organizations which include four Vice Presidents and four Chancellors. The Vice Presidents will be responsible for:

- (a) academic affairs
- (b) general administration
- (c) graduate studies and research
- (d) agricultural affairs

These Vice Presidents will concern themselves principally with curriculum innovations and revisions, external relations, personnel, research, degree requirements, ad-

mission policies and relationships with state and federal agencies.

The Chancellors will be largely responsible for the staffing and administration of the new major divisions of the university. Working directly under the President, the four Chancellors are or will be located in Baltimore City serving the Baltimore City and Catonsville campuses; a Chancellor for the administration of the College Park Campus. With the organization of the branch of the University of Maryland at Princess Anne, a new Chancellor will be installed at that branch of the University of Maryland. The fourth Chancellor will be responsible for the University College which includes evening, off-campus, and overseas program as well as the Center for Adult Education. All seminars, institutes, and international organizations will come under his jurisdiction. These reorganizations have become necessary because of the continued growth and complexity of the University.





### **Wilson Bell Named Admissions Recruiter**

Dr. Albin O. Kuhn, Chancellor of the Baltimore campuses, has announced the appointment of Mr. Wilson Bell as Admissions Recruiter in the office of Admission and Registration of the University of Maryland Baltimore Campus. Dr. Kuhn said in part, "Mr. Bell's appointment signifies our commitment of increasing the minority groups in our professional schools. I hope, that with his help, we will be able to attract more students and particularly black students."

Mr. Bell is a 1970 graduate of business administration of the Morgan State College.

### **Dr. DeWeer Honored**

Dr. Paul J. DeWeer, assistant professor of biophysics at the School of Medicine, has been named recipient of a National Institutes of Health research career award.

The award, designed to foster independent research by promising young scientists, is made in competition with 100's of young scientists throughout the nation. An award for a five-year period may be renewed.

Dr. DeWeer is a native of Belgium and has been in the U. S. since 1965. The award will permit him to pursue research which is a continuation of his thesis on the study of the electrolyte activity in neural tissue.

### **Full Time Veterinarian Appointed To Head Animal Facilities**

Dr. Kveta Vitek has been named full time director of the School of Medicine's animal facilities. Dr. Vitek will be in charge of all animal facilities and will consult with all members of the staff concerning all aspects of the care for experimental animals.

### **Shock-Trauma Unit Active**

Final phases of the operation of the Shock-Trauma unit of the University of Maryland Hospital were officially completed with the dedication of the unit by Governor Marvin Mandel. This new facility promises to involve a whole new era in the understanding and management of various forms of shock.

The procedure for the treatment of shock begins with a helicopter service inaugurated by the Maryland State Police. In the event of such a catastrophic situation, State Police are to be notified. Prompt evacuation of the patient to the heliport atop the University of Maryland Hospital garage will then be effected from almost any part of Maryland within a few minutes.

A team of physicians and specialists are on duty in this ultramodern facility around the clock, and upon arrival the patient can be assured of just about everything scientifically known in the treatment of the various forms of shock. Fire Department ambulances are coordinated with the service on a statewide basis. Under the direction of Dr. R. Adams Cowley, an intense program not only relating to the treatment of shock but to research leading toward a better understanding of the syndrome, is available.

### **New Appointment**

Dr. Martin Helrich, professor and chairman of the Department of Anesthesiology at the University of Maryland School of Medicine, has been appointed Chairman of the Advisory Committee on Respiratory and Anesthetic Drugs of the Food and Drug Administration.

### **Talk Given in Israel**

Dr. Kurt Glaser, Associate Professor of Pediatrics and Assistant Clinical Professor of Psychiatry, delivered a paper entitled, "Attitudes of Parents of the Institutionalized Retarded," at the 7th Congress of the International Association for Child Psychology held in Jerusalem, Israel. Dr. Glaser serves as clinical director of Rosewood State Hospital and is medical consultant at the Adolescent Clinic at Sinai Hospital and for Project Head Start.

### **Taking Sabbatical**

Virginia Huffer, Class of 1950, Associate Professor in the Department of Psychiatry, is taking Sabbatical leave to work at the University of New South Wales in Sydney, Australia. Her work as Director of the Psychiatric Liaison Service will be taken over during her absence by Dr. Douglas

Weir, Class of 1964, who was recently appointed to the rank of Assistant Professor.

### Faculty Appointments, Promotions

Dean John H. Moxley has announced faculty appointments in the School of Medicine.

Dr. Thomas H. Morgan has been named Head of the Division of Orthopedic Surgery following the death of Dr. Robert Buxton.

Dr. Arlie R. Mansberger has been promoted to Acting Head of the Department of Surgery.

Promoted to the rank of Professor are: Doctors Safuh Attar, Surgery; Dr. Raymond L. Clemmens, Pediatrics; Dr. Leonard H. Frank, Biochemistry; Dr. David B. Ludlum, Cell Biology and Pharmacology; Dr. Gabriel G. Pinter, Physiology; Dr. Karl H. Weaver, Pediatrics; Dr. Morris J. Wizenberg, Radiology; Dr. Hughes J. P. Ryster, Pharmacology.

Promoted to Associate Professor are: Dr. Morton I. Rapoport, Medicine; Dr. Edward J. Donati, Anatomy; Dr. Lawrence Goldman, Physiology; Dr. Mary E. Kirtley, Biochemistry; Dr. Lois A. Young, Ophthalmology; Dr. Murray M. Kappelman, Pediatrics; Dr. John J. Tansey, Surgery; Dr. Werner F. Barth, Medicine; Dr. Robert C. Abrams, Surgery.

Dr. Clara J. Fleischer has been promoted to Clinical Associate Professor of Rehabilitation Medicine. Dr. Werner A. Kohlmeyer has been named Clinical Associate Professor of Psychiatry.

New Assistant Professors include: Dr. Paul J. DeWeer, Biophysics; Dr. Charles P. Barrett, Anatomy; Dr. Mary S. McDill, Preventive Medicine; Dr. George H. Greenstein, Orthopedic Surgery; Regina Cicci, Otolaryngology; Dr. Beth J. Urban, Otolaryngology; Dr. Winifred Ross, Radiology; Dr. Douglas W. Weir, Psychiatry; Dr. David A. Braver, Ophthalmology; Dr. Herbert L. DuPont, Medicine; Dr. Liebe S. Diamond, Orthopedic Surgery; Dr. Samuel J. Hankin, Medicine; Dr. Joseph P. Libonati, Medicine; Dr. Thurman Mott, Psychiatry; Dr. Willem

Bosma, Psychiatry; Dr. Sergio Perticucci, Obstetrics and Gynecology; Dr. James G. Minard, Pediatrics; Dr. Moon Lee Shin, Pathology; Dr. Ronald L. Paul, Neurosurgery; Dr. Otis R. Blaumanis, Physiology; Dr. Stephen Max, Neurology; Dr. Robert M. Beazley, Surgery; Dr. Allen P. Fertziger, Physiology; Dr. Edward F. Wenziger, Surgery; Dr. Louis P. Matthei, Radiology; Dr. Byron T. Burlington, Pharmacology.

Promoted to Clinical Assistant Professors are: Dr. Gilbert N. Feinberg, Ophthalmology; Dr. Julian R. Goldberg, Ophthalmology; Dr. Jerome Roas, Ophthalmology; Dr. John Creamer, Ophthalmology and Dr. Robert J. Dawson, Pediatrics.

Dr. David J. Jones has been appointed Assistant to the Dean. Dr. Kveta Vitek, D.V.M., has been appointed Director of Animal Facilities.

Dr. Hiroshi Kitasato has been appointed Visiting Professor in the Department of Biophysics; and Dr. Luigi Grighi has been appointed Visiting Clinical Professor in Psychiatry.

Appointed Instructor are the following: Dr. Andrew R. Schwartz, Medicine; Dr. Chris P. Tountas, Orthopedic Surgery; Dr. Jerome Reichmister, Orthopedic Medicine; Dr. Larry Becker, Orthopedic Medicine; Dr. Michael Hayes, Medicine; Kate Barron, Psychiatric Social Work; Dr. Ellen McDaniel, Psychiatry; Dr. Stanley Freedman, Medicine; Dr. Robert L. Kasper, Ophthalmology; Dr. Enrique Rafel, Pathology; Dr. Peter H. Rheinsein, Medicine; Mary A. Coulon, Nursing and Neurology; Dr. John W. Eckholdt, Neurology; Dr. Crispin C. Linantud, Anesthesiology; Mr. Mario L. Penafiel, Anesthesiology; Dr. Stanley I. Music, Medicine; Dr. Pradman K. Gasba, Pharmacology; Dr. Joseph C. Furnari, Rehabilitation Medicine; Arlene Ehrlich, Psychiatric Social Work; Dr. Kenneth Spence, Orthopedic Surgery. Appointed Clinical Instructor are: Dr. Thomas Cimonetti, Psychiatry and Dr. Sandra Z. Salan, Neurology.

Dr. Quintin B. Welch has been appointed Research Associate in Internal Medicine and Duncan McCulloch in Neurobiology.



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## ALUMNI ASSOCIATION SECTION

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### President's Letter

Dear Fellow Alumni:

I would like to encourage active Alumni members to contact their classmates and others who are not active members of the Medical Alumni Association.

The Alumni Association Constitution defines active membership as follows: "All graduates of the University of Maryland School of Medicine, Baltimore Medical College, and College of Physicians and Surgeons of Baltimore City, members of the faculty of the School of Medicine, Physicians who have received training at the University and affiliated hospitals may be members." "Any individual whose dues are in arrears two consecutive years shall not be considered an active member."

A recent survey by the Alumni Office indicates about 400 former members of the Medical Alumni Association no longer are active. I am planning to write a letter to each former member asking him or her to reconsider and re-join the Alumni Association.

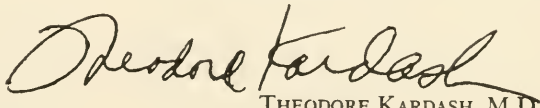
I also plan to write to about 600 additional physicians who are eligible to join the Medical Alumni Association, inviting them to join.

Your Alumni Association would like to have you assist in this membership campaign by encouraging your classmates and friends to join the Association. Greater membership in turn will produce better service to all members. Growth and service depend on the extent of Alumni participation.

Your Davidge Hall Restoration Committee recently approved the commercial publication of a brochure on Davidge Hall. It is planned to send out this brochure in November, 1970, to all graduates of the School of Medicine of the University of Maryland. The brochure will inform you of the plan to restore Davidge Hall that has been the subject of many meetings of the Restoration Committee. It is hoped that all graduates of the School of Medicine and other prominent individuals will support the continuing fund raising campaign for the restoration of Davidge Hall, a State of Maryland Historical Site.

My future letters will keep you informed of the major activities your officers and Board of Directors of the Medical Alumni Association are working on.

Sincerely,

  
THEODORE KARDASH, M.D.  
President

#### OFFICERS

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THEODORE KARDASH, M.D.

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##### Board of Directors

LEWIS P. GUNDRY, M.D.

WILFRED H. TOWNSHEND, JR., M.D.



### Alumni in Absentia

As in any large organization there are always bonafide members who for one reason or another have become "lost." *The Medical Alumni Association* has a few missing alumni whose whereabouts it does not know. The *Bulletin* publishes the list of "lost" alumni with the hope that their friends or classmates who might know of their status will take time to inform the Executive Secretary, Colonel Francis O'Brien, their correct address or how he may be able to contact them.

Charles P. Clautice, M.D., 1912  
Andres B. Castro, M.D., 1921  
E. Martinez-Rivera, M.D., 1921  
John Wirt Graham, M.D., 1926  
A. I. Grollman, M.D., 1928  
Paul F. Gersten, M.D., 1930  
Frank R. Stephenson, M.D., 1932  
Matthew M. Cox, M.D., 1942  
H. Rellinger Stafford, M.D., 1943  
Daniel Bair Lemen, M.D., 1945  
Joseph Weintraub, M.D., 1945  
Michael J. Coffey, M.D., 1947  
Michael C. J. Sulka, M.D., 1950  
William E. Latimer, M.D., 1960  
Richard S. Glass, M.D., 1966  
Augustine K. Gombart, M.D., 1966  
Howard R. Rosen, M.D., 1967  
Walter C. Schaefer, M.D., 1968  
Michael J. Shack, M.D., 1968  
John D. Stafford, M.D., 1968  
Robert Brull, M.D., 1968  
Malcolm Paul, M.D., 1969

### Southern Medical Association Reorganizes Residency Support

In 1962, the Southern Medical Association established a residency training grant fund. At a recent meeting in 1968, the structure of the fund was changed so as to include both residency training grant funds

and in addition, a training loan fund. This decision arose out of a greater need for flexibility. Beginning in 1970, *grants and loans* can be made by application to the Committee on Grants and Loans, 2601 Highland Avenue, Birmingham, Alabama 35205, the deadline being April 1, of each year.

For the 1970-71 year, 6 applicants have received financial assistance covering a wide range of specialties.

### A New Volume of Interest to Alumni Appears

#### Mrs. Pincoffs Edits Letters and Memoirs of Former Professor

A new volume of interest to alumni entitled, *Maurice Charles Pincoffs*, his life and some of his more important letters, has recently been published by Mrs. Catherine R. Pincoffs.

Beginning with a short sketch of the interesting and exciting life of this renowned internist, the volume continues with selected excerpts from correspondence covering a period of 2 great wars in which Dr. Pincoffs served with distinction. Alumni of the School of Medicine who served in the South Pacific, members of the faculty who worked with Dr. Pincoffs and his many friends and colleagues should find the volume interesting from a personal point of view, as well as an interesting documentation of the experiences of a keenly observant medical officer actively engaged in two major worldwide catastrophes.

Copies of the book may be obtained through the Medical Alumni Association, School of Medicine, University of Maryland, or through Dr. Theodore E. Woodward, Department of Medicine, University of Maryland.

# Class

## NOTES

*Your achievements, fellow alumnus, are of interest to your classmates. They constitute a reward to the faculty, are a challenge to the younger physicians, and are an item of prestige for the University. Please cooperate with us by forwarding news of yourself or any alumnus to the BULLETIN. Thank you.*

### CLASS OF 1914

Doctor Theodore M. Davis has again been honored for his contribution to urological surgery. Dr. Davis, a one-time recipient of the Medical Alumni Association award and Gold Key, was awarded a plaque from the Greenville County Medical Society on September 1, 1970, at a dinner held in his honor. The plaque was presented by the President of the Society, Dr. Charlton Armstrong, with the following inscription:

*To  
Theodore M. Davis, M.D.  
Pioneer in Transurethral Surgery  
In Appreciation  
And  
In Recognition of his Outstanding  
Accomplishments  
Greenville County Medical Society  
September 1, 1970*

### CLASS OF 1932

Dr. David I. Schwartz serves as Assistant Director of the Bureau of Long Term Care of the New York State Department of Health.

### CLASS OF 1936

Dr. Louis J. Kolodner has been invited to present a paper entitled, "Some Studies and Experiences on Biliary Tract Surgery," at the Royal Thai Army Hospital. The medical activities, a part of the world tour, will include a visit to Israel. Dr. Kolodner will be accompanied by his wife.

### CLASS OF 1944

Dr. Thomas G. Elias, currently chief of the section on Internal Medicine at the Scripps Memorial Hospital, LaJolla, California, was the principal speaker of the second annual meeting of the Lahey Clinic Foundation Alumni Association held in Boston, Massachusetts, in the fall of 1970. His topic was "Are Health Examinations Worthwhile?"

Dr. Elias, a graduate of the Western Maryland College, served his internship at the University of Maryland School of Medicine in Baltimore and later as a Fellow at the Lahey Clinic in Boston.

Dr. Harry F. Rolfes has been named President of the Florida Society of Ophthalmology. Dr. Rolfes practices his specialty in St. Petersburg, Florida.

### CLASS OF 1946

Dr. Lawrence J. Knox has been elected a member of the Board of Directors of the Illinois Heart Association.

Dr. Joseph S. Redding has been named professor of surgery in anesthesia at the University of Nebraska Medical Center.

### CLASS OF 1948

Dr. Kyle Y. Swisher, Jr., has announced the relocation of his office for the practice of Cardiology to 3350 Wilkens Avenue, Suite 206, Baltimore, Maryland 21229.

Dr. Charles Ware has been named President of the medical staff of Shore Memorial Hospital in Atlantic City.

### CLASS OF 1952

Dr. Phin Cohen, an assistant professor in the department of nutrition at the Harvard School of Public Health, is one of 4 U.S. physicians selected by *Modern Medicine* for comments in a Forum relating to the treatment of osteoporosis.

Dr. Carlos N. Vicens has been recently named Health Director of the City of San Juan, Puerto Rico. This important post



Dr. Vincens

comes to Dr. Vincens after a distinguished career in preventive medicine and public health.

A native of Guaynabo, Puerto Rico, and an alumnus of the University of Puerto Rico, Dr. Vincens was graduated from the School of Medicine, University of Maryland, in 1952, serving a rotating internship at the San Juan City Hospital and later serving a residency in pediatrics in the Fajardo District Hospital and at the Children's Hospital in Washington, D.C.

In 1957 he returned to his native San Juan, entering the practice of pediatrics, becoming interested in the public health aspects of the problems of children, rising thru a number of promotions in the tuberculosis control division, becoming the Director of the Northeast Region in 1962. During this time he served on the faculty of the University of Puerto Rico in the Department of Pediatrics. In 1964 he enrolled in the School of Hygiene of the Johns Hopkins University, graduating with the degree of M.P.H. in 1965. He then joined the University of Puerto Rico School of Medicine as Associate in Epidemiology.

The following year he was promoted to Director of the Program of Preventive Medicine of the Department of Health, Puerto Rico.

In 1969 he was named Special Consultant of the United States Public Health Service and at the same time was installed as Health Director of the City of San Juan.

Dr. Vicens is the author of a number of important contributions relating to tuberculosis and diseases of children. He is a Diplomate of the American Board of Pediatrics and is a Consultant to the National Council on Allergy and Infectious Diseases of the National Institutes of Health.

#### CLASS OF 1953

Dr. Berne Byrnes has been promoted to associate medical director of the Baltimore works, Western Electric Co., Inc.

#### CLASS OF 1956

Dr. Stephen Barchet, who serves as a Commander, Medical Corps, U.S. Navy, has been recently transferred to the Bremerton (Washington) Naval Hospital where he will serve as Chief of Obstetrics and Gynecology, effective January 1, 1971. Commander Barchet has served in a similar capacity at the Boston Naval Hospital, Chelsea, Massachusetts. Dr. Barchet is the author of a scientific exhibit which has been shown on numerous occasions relating to a selection of gynecological conditions.

#### CLASS OF 1957

Dr. Louis L. Randall has been elected President of the Monumental Medical Society of Maryland.

#### CLASS OF 1961

Dr. George E. Urban, Jr., was recently elected a Diplomate of the American Board of Otolaryngology.

#### CLASS OF 1962

Dr. Howard H. Gendason, until recently Chief Resident in Medicine at the Sinai Hospital, has joined the Department of Community Medicine at Sinai. He will be responsible for providing care in the Ambulatory Treatment area of the Emergency Service and monitoring the quality of medical care rendered to patients. Dr. Gendason will also supervise the medical students from the University of Maryland who will be assigned



## ALUMNI ASSOCIATION SECTION

in the Department of Community Medicine beginning for the 1970-1971 school year.

Dr. Stanley A. Klatsky has been recently certified by the American Board of Plastic Surgery.

### CLASS OF 1965

Dr. John C. Dumler, Jr., has announced the opening of his office for the private practice of dermatology at 725 S. Mason Street, Harrisonburg, Virginia.

Dr. Sanford Levin has returned from military duty and has gone into the practice of pediatrics with offices in Laurel and Silver Spring, Maryland. Dr. Levin has been

appointed Clinical Instructor in Pediatrics at the George Washington Medical Center and enjoys staff privileges at Children's Hospital of D.C. and Holy Cross Hospital in Silver Spring.

A Board qualified pediatrician, Dr. Levin served as pediatrician at the U.S. Military Academy at West Point for 18 months and as hospital commander at Stewart Air Force Base in Newburgh, New York, for 6 months.

### CLASS OF 1969

Dr. Ronald A. Katz is currently serving two years in the United States Public Health Service in Chicago, Illinois.

## ***You, too, Can Receive the BULLETIN Postpaid!***

The BULLETIN is published four times a year, jointly by the Faculty of the School of Medicine of the University of Maryland and the Medical Alumni Association. Active members of the Medical Alumni Association receive the BULLETIN upon the payment of annual membership dues which include the yearly subscription fee of the BULLETIN.

All members of the Faculty who are not members of the Medical Alumni Association and other friends of the Medical School are invited to subscribe to the BULLETIN. The subscription fee is \$3.00 per annum, postpaid. Make check payable to the University of Maryland and mail it to

DR. JOHN A. WAGNER  
31 S. GREENE ST.  
BALTIMORE, MD. 21201

# Deaths

## BMC—CLASS OF 1898

Dr. A. M. Loope, of 217 Sherbourne Road, Syracuse, New York, died June 26, 1970, at age 94.

## P & S—CLASS 1903

Dr. C. Melvin Coon, of Milan, Pennsylvania, died April, 1970, at age 94.

## P & S—CLASS OF 1908

Dr. George B. Davis, Waynesboro, Pennsylvania, a retired ophthalmologist, died at his home in Waynesboro on October 21, 1970. Dr. Davis was 89.

## CLASS OF 1908

Dr. Frederick Snyder, Kingston, New York, died on February 24, 1970.

## CLASS OF 1909

Dr. Clarence I. Benson, aged 84, a general practitioner of Port Deposit, Maryland, died September 1, 1970. Dr. Benson was active on the staff of the Harford Memorial Hospital, Havre de Grace, Maryland.

## BMC—CLASS OF 1912

Dr. William T. Rumage, Sr., of 171 Vose Avenue, South Orange, New Jersey, died on April 25, 1970, at age 83.

## P & S—CLASS OF 1912

Dr. Leonard O. Schwartz died June, 1970, at 83.

## P & S—CLASS OF 1913

Dr. Charles L. Mowrer, of 908 Hamilton Blvd., Hagerstown, Maryland, died on October 8, 1970, at the Washington County Hospital, Hagerstown, Maryland. A retired ophthalmologist, Dr. Mowrer was an emeritus member of the Washington County Medical Society.

## CLASS OF 1914

Dr. Larry Wilson Blake, of 5607 Seventh Avenue Drive, West, Bradenton, Florida, and a practitioner in that state since 1925, died on September 10, 1970, at the Manatee Memorial Hospital.

A native of Abbeville, South Carolina, Dr. Blake served his internship at the University of Maryland Hospital and residency at the Contagious Disease Hospital in New York City. He then moved to Greenwood, South Carolina, before moving to Bradenton; he had practiced briefly in West Virginia and California. During World War II, Dr. Blake served as a Captain in the Medical Corps. He is Past President and Treasurer of the Manatee Medical Society, First Vice President of the Florida State Medical Association and he also served as medical advisor for the state draft board and for awhile as Manatee County physician.

Dr. Blake also served as advisor to the Atlantic Coast Line Railroad and held membership in the Bradenton Rotary Club and First Presbyterian Church. In 1958 he received a citation from the Manatee County Medical Society and was named Manatee County's Outstanding Citizen by the Bradenton Kiwanis Club in 1960.

## CLASS OF 1917

Dr. Milton H. Cumin, 130 Slade Avenue, Baltimore, Maryland, died recently.

## CLASS OF 1918

Dr. Thomas C. Speake died on October 10, 1970, at Ormond Beach, Florida. Dr. Speake was 77.

A native of Charles County, Maryland, and an alumnus of Western Maryland College, Dr. Speake served as a medical officer in the U.S. Navy following his graduation from the School of Medicine.

In 1922, he joined the medical services of the B & O Railroad, retiring in 1961 as assistant medical director. A member of the "50 Year Club" of the American Medical Association, he also belonged to the Rush Medical Club, the Eastgate Masonic Lodge, the Order of the Eastern Star and the B & O Post No. 81 of the American Legion.

## ALUMNI ASSOCIATION SECTION

### CLASS OF 1919

The *Bulletin* gratefully acknowledges corrections on the obituary on Dr. John Wise Kellam. Dr. Kellam died June 14th, 1970. He spent some 50 years in the practice of medicine and ophthalmology, much in Government service. At this time, he retired to Belle Haven and practiced there until his terminal illness. He did not practice at Belle Haven for 50 years. The *Bulletin* regrets the error.

Dr. Wilbur Stewart, former Pathologist and Chief, Maryland General Hospital, died on October 16, 1970.

### CLASS OF 1924

Dr. Maximillian M. Kafka, Box 444, Kendall, Florida, died recently.

Dr. J. G. Miller, an industrial surgeon, died October 31, 1970. Dr. Miller was 73. He was a member of the American Medical Association and Chirurgical Faculty of Maryland and the Baltimore City Medical Society.

### CLASS OF 1925

Dr. Morris A. Jacobs, of 1010 North Point Road, Baltimore, Maryland, died September 20, 1970.

### CLASS OF 1926

Dr. Harry Anker, of 4445 Goldbath Avenue, Sherman Oaks, California, died on March 7, 1969, at age 66.

Dr. Henry De Vincentis, of 18 Sparta Road, Short Hills, New Jersey, former Chief of Staff of the Crippled Children's Hospital in Newark, died on September 6 at St. Barnabas Medical Center in New Jersey.

An orthopedic surgeon, he practiced at 285 Henry Street, Orange, New Jersey. Dr. De Vincentis was chief of staff at the Crippled Children's Hospital in Orange, New Jersey, for 2 years and at the St. Mary's Hospital for 5 years.

### CLASS OF 1929

Dr. Fred L. DeBarbieri, of 4723 Park Heights Avenue, Baltimore, Maryland, died January 12, 1970, at age 70.

Dr. Saul Schwartzbach, Chief of Surgery at Prince Georges General Hospital, died November 1, 1970, at the Mayo Clinic at Rochester, Minnesota.

A native of New York City and an alumnus of Cornell University, Dr. Schwartzbach was past president of the Washington Academy of Surgeons. Dr. Schwartzbach was a fellow of the American College of Surgery, a member of the Jacobi Medical Society, the American Medical Association, the Prince Georges and District of Columbia medical associations and the International College of Surgeons. Dr. Schwartzbach served in the Navy during World War II.

### CLASS OF 1930

Dr. Irvin J. Cohen, former assistant chief medical director for planning of the Veterans Administration, died October 29, 1970. Dr. Cohen was 62.

Following his graduation from the University of Maryland he entered private practice, served in the Army beginning in 1942 when he joined the Veterans Administration at the cessation of hostilities, returning in 1962. Following his retirement he became Executive Vice President of the Maimonides Medical Center in Brooklyn, New York, resigning to become consultant for the Veterans Administration in Washington.

### CLASS OF 1934

Dr. Nathan Rudo, of San Francisco, California, died at Mt. Zion Hospital, San Francisco, on August 29, 1970, after a brief illness.

A native of Baltimore, Dr. Rudo completed his internship at the University of California School of Medicine and was later a research fellow at the Harvard Medical School.

A pathologist, Dr. Rudo had headed the Department at Mount Zion Hospital since 1959. He was a member of the San Francisco Medical Society and one-time Chairman of its section on Pathology. He was also a fellow for the American Society of Clinical Pathologists.



CLASS OF 1935

Dr. J. B. Anderson, of 12 West Wing, Doctors Building, Asheville, North Carolina, died August 7, 1970.

CLASS OF 1936

Dr. Joseph E. Bush, who practiced family medicine in Hampstead, Maryland, for more than thirty years, died on October 25. Dr. Bush was 61. A native of Hampstead and an alumnus of Western Maryland College, Dr. Bush succeeded his father, Edgar M. Bush. Dr. Bush is survived by his wife, the former Eva Martin; a son, Joseph E. Bush, Jr., a student at the University of Maryland School of Medicine, and a brother, John M. Bush, of Ruxton, Maryland.

Dr. Saul Karpel, of 190 Montauk Avenue, New London, Connecticut, died on July 2, 1970, at the age of 60.

CLASS OF 1937

Dr. Thomas D'Amico, of 208 Passaic Avenue, Passaic, New Jersey, died recently.

Dr. Thomas John Sullivan, of 180 Fort Washington Avenue, New York, died on December 15, 1969. Dr. Sullivan was 62.

CLASS OF 1941

Dr. Kazuo Yanagisawa, who for many years was noted for his treatment of professional athletes, died on February 22nd, at the age of 55.

Dr. Yanagisawa was known prominently for his activities with the injuries suffered by the New York Rangers (hockey) and the Knickerbockers (basketball) professional teams. In 1949, he became chief physician for the Madison Square Garden, a post he held at the time of his death. A native of Berkeley, California, Dr. Yanagisawa served his residency in Orthopedic Surgery at the Boston City Hospital, at the Massachusetts General and finally at the St. Clare's Hospital in New York. At the

time of his death, he was Chief of Orthopedic Surgery at St. Clare's and was Chairman of the New York City Retirement Board of the Police and Fire Departments.

CLASS OF 1943 (MARCH)

Dr. F. Stanley Hassler, of 4602 Bedford Blvd., Forest Hills Park, Wilmington, Delaware, died August 22, 1969. Dr. Hassler was 51.

Dr. Robert F. Keadle, of 580 Northern Avenue, Hagerstown, Maryland, died on December 1, 1969, at the age of 53.

CLASS OF 1944

Dr. William B. Ingram, of 6238 Bridle Way, Norfolk, Virginia, died March 19, 1969, at the age of 47.

Dr. David Thomas Rees, Jr., died on April 8, 1970. Following his graduation, Dr. Rees interned at the Altoona Pennsylvania Hospital. He was Chief Resident in Medicine at the Maryland General Hospital from 1953-1954.

A native of Hyndman, Pennsylvania, and a veteran of both World War II and the Korean War, Dr. Rees had been in practice in Cumberland since 1957.

CLASS OF 1946

Dr. Clemmer M. Peck, 480 Monterey Avenue, Los Gatos, California, died recently.

CLASS OF 1949

Dr. Robert Steckler, of 1335 Newport Circle, Thousand Oaks, California, died January 21, 1970.

CLASS OF 1951

Dr. William H. Edwards, Jr., of 12 Emerson Court, Severna Park, Maryland, died on April 27, 1970.

Dr. Guy Reeser, Jr. of St. Michaels, Maryland, died suddenly as the result of a tractor accident on October 4, 1970.

BULLETIN  
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